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Country programme document

Armenia

Summary

The country programme document (CPD) for Armenia is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $4,555,000 from regular resources, subject to the availability of funds, and $8,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016-2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks ahead of the annual session of 2015.

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Programme rationale

1. Armenia, a lower-middle-income country, has just over 3 million people, about 750,000 of them children.[1] The country is a member of the Eurasian Economic Union and part of the European Union Neighbourhood Policy. According to Government predictions, gross domestic product (GDP) per capita will triple by 2025. Armenia is supported by a worldwide network of diaspora communities, which play an active role in shaping national development. Remittances comprise up to 16 per cent of GDP. One quarter of families have at least one member who has worked as a labour migrant; about 97 per cent of migrants are men.

2. The 2013 Integrated Living Conditions Survey (ILCS) estimated overall poverty at 32 per cent, with child poverty at 37 per cent.[2] At higher risk of child poverty are the following groups: under-five children; children with three or more siblings; households with one or more children with disabilities; female-headed households; and households with no employed adults.[3] Regional disparities and socioeconomic inequalities are significant. Urban residents outside of the capital comprised 70 per cent of the extreme poor in 2013. Poverty rates vary substantially across regions (Aragatsotn, 23 per cent; Shirak, 46 per cent). In 2008, 77.5 per cent of extremely poor households received family benefits; this fell to 66 per cent by 2013.[4] Since 2010 the Government, with UNICEF and World Bank support, has initiated a reform of integrated social services aimed at reducing the vulnerability of children and women by applying the strategies of transformative social work, local social planning, and cooperation among services.

3. Armenia has almost halved its infant mortality rate (IMR) since 1990.[5] However, according to the National Statistical Service (NSS), there has been very little progress in the past five years, with the IMR still at 9.7 in 2013,[6] while the United Nations Inter-Agency Group for Child Mortality Estimation puts the IMR at 14 for the same year.[7] The 2010 Armenia Demographic and Health Survey (ADHS) highlighted that children from the poorest households, rural children, and those whose mothers have only basic education are at notably higher risk of dying before their first birthday.[8] A significant increase in the number of registered stillbirths has occurred, from 385 in 2005 to 711 in 2013,[9] which requires further research. In order to reduce child mortality among disadvantaged groups, the health system needs to overcome key bottlenecks by taking the following measures: improve financing mechanisms, thus reducing exposure to formal and informal out-of-pocket expenditure, strengthen the national capacity to collect, analyse and use data for equity-focused programming, and increase cross-sectoral collaboration. The health system will also need to improve the quality of paediatric care at subnational level, particularly by strengthening counselling and family support services.

[1] National Statistical Service (NSS) of Armenia, TransMonee, 2014.
[2] NSS, Social Snapshot and Poverty in Armenia, 2014.
[3] Ibid.
[4] Ibid.
[5] NSS, Demographic Handbook of Armenia, 2014.
[6] Ibid.
[7] www.data.unicef.org/fckimages/uploads/1410869227_Child_Mortality_Report_2014.pdf.
[8] NSS, Ministry of Health, Armenia Demographic and Health Survey (ADHS), 2010.
[9] NSS, Demographic Handbook of Armenia, 2014.

4. An emerging public health issue is stunting and other forms of undernutrition, which reached 19 per cent among under-five children in 2010, peaking at 26 per cent among children aged 36-47 months. Undernutrition significantly contributes to child mortality, disease and disability. Malnutrition is a related issue requiring attention. Children from the poorest households, children in rural areas and deprived regions, or children with mothers with basic education are at higher risk of malnutrition. Exclusive breastfeeding was only 35 per cent in 2010, the key bottlenecks being the low level of awareness, an ineffective or inappropriately timed introduction of complementary feeding, as well as inadequate health/nutrition counselling and aggressive marketing of breastmilk substitutes.[10] Anaemia prevalence was high in 2005, at 37 per cent among children aged 6-59 months and 25 per cent among women of childbearing age.[11]

5. The Government supported early childhood education by opening about 300 kindergartens by 2013 and providing one-year preschools in school buildings. Largely as a result, preschool enrolment for 3-6 year old children increased from 42 per cent in 2009 to 48 per cent in 2013.[12] However, significant rural-urban differences exist in enrolment, while children with disabilities and from extremely poor families also have significantly lower enrolment rates, as low-income rural communities often cannot afford to finance and maintain preschools.

6. Gross primary and lower secondary school enrolment are at 94 and 93 per cent, respectively, while upper-secondary enrolment is at 74 per cent.[13] While there are no nationwide mechanisms to track children out of school or at risk of dropping out, the most common risk factors associated with non-attendance are disability,[14] extreme poverty, child labour,[15] ethnicity,[16] and refugee status.

7. Disability has drawn more attention in recent years. Armenia ratified the Convention on the Rights of Persons with Disabilities in 2010. There are 8,005[17] children registered with disabilities, about 1 per cent of the child population. Given the expected 2.5 per cent disability rate,[18,19] around 12,000 more children with disabilities (an additional 1.5 per cent) are likely to be invisible to the social service system. Children with disabilities remain among the most marginalized groups, facing multiple deprivations: 71 per cent of children with disability aged 2-5 years do not attend preschool; 18 per cent do not attend school; 12 per cent attend special schools; 13 per cent live in special schools/orphanages; 34 per cent do not attend community events; and 73 per cent do not use rehabilitation services.

[10] ADHS, 2010.
[11] ADHS, 2005.
[12] NSS, Social Situation in Armenia in 2013.
[13] Social Snapshot and Poverty in Armenia, 2014.
[14] UNICEF and Ministry of Labour and Social Affairs, It's About Inclusion, 2012.
[15] Helsinki Committee of Armenia, Study of protection of children's right to education in the Republic of Armenia Regions and Yerevan, Observer Online Bulletin N 4(59) 2012, accessed at http://armhels.com/wp-content/uploads/2012/06/515eng-Ditord_459_2012-1.pdf.
[16] UNICEF, "Status of School Education for Ethnic Minorities", 2005.
[17] Pyunik database of children with disabilities, Ministry of Labor and Social Issues (as of 1 January 2015).
[18] European Academy for Childhood Disability. Provision of Services for Children with Disabilities in Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS), 2003.
[19] The World Health Organization (WHO) estimates 5.1 per cent (World Disability Report 2011).

8. The country's significant progress in inclusive education includes the creation of a legislative basis and financing mechanism. However, only 139 out of 1,400 schools are inclusive.[20] The number of special residential schools has fallen from 40 to 23,[21] with further reductions anticipated.[22] In a 2013 survey, 30 per cent of respondents said that children with intellectual disabilities should be isolated from society, but more than 95 per cent favoured inclusion of children with physical disabilities.[23]

9. Currently 3,630 children still live in 40 institutions providing care and/or education, including special schools.[24] Girls with disabilities are considerably more likely to be placed in orphanages than boys.[25] Boys are also preferred over girls for adoption. Poverty is often the sole cause of institutionalization, despite the fact that the United Nations Guidelines for Alternative Care specify that this should not be the case.[26] Most children in residential care have at least one parent. The cost of residential care ranges from $3,080 to $5,000 per child annually, while a child with disability or deprived of parental care who lives with other family members receives benefits of only about $180-$600 annually.[27] The key bottlenecks leading to family separations include the lack of community-based services, the lack of a strong State assistance system for vulnerable families, and non-professionalised child case management.[28]

10. Seven in ten children aged 2-14 years experienced psychological or physical punishment during the 30 days preceding the 2010 ADHS. About one fifth experienced non-violent discipline; 66 per cent, psychological aggression; 42 per cent, physical punishment; and 4 per cent, severe physical punishment.

11. A manifestation of gender inequality is the highly skewed ratio of sex at birth: 114 boys were born for every 100 girls in 2012, compared with the expected 102-106 ratio.[29] Because migrant workers comprise mostly boys and men, the gender imbalance at birth is currently not visible, but may soon have major implications. In society in general, the incidence of gender-based violence is high.[30]

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[20] "List of Schools Providing Inclusive Education Programmes", accessed at http://edu.am/index.php?menu1=9&menu2=137&arch=0.

[21] "List of Special Education Schools", accessed at http://edu.am/index.php?menu1=9&menu2=137&arch=0.

[22] Official Statement of Armenia Ministry of Education at Regional Ministerial Education Conference: Including All Children in Quality Learning, December 2013, Istanbul.

[23] UNICEF and Civilitas, Understanding Attitudes towards Children with Disabilities in Armenia, 2014.

[24] NSS of Armenia, Yearbook 2014.

[25] The overall ratio of registered boys to girls with disabilities is 2:1; in orphanages 5.5:4.5, according to It's About Inclusion.

[26] Guidelines for the Alternative Care of Children, annex of United Nations General Assembly resolution 64/142, article 15.

[27] State budget 2014.

[28] It's About Inclusion, pp. 64-66.

[29] United Nations Population Fund, Prevalence of and Reasons for Sex-Selective Abortions in Armenia, 2012.

[30] A total of 61 per cent of women were subjected to controlling behaviour; 25 per cent, to psychological violence/abuse; 9.5 percent to physical and/or sexual violence. Nationwide Survey on Domestic Violence Against Women (2008-2009).

12. In 2014,[31] only 18 juveniles on average were detained at any time. The Government is addressing key determinants to keeping the number low by strengthening the capacity of judges, prosecutors and police, with the aim of increasing protection and avoiding secondary victimization of children in contact with the law. In addition, Armenia requires a strengthened data management system and comprehensive mechanisms to prevent child offenses and ensure the protection of child victims and witnesses.[32]

13. Young people aged 16-30 identify the key challenges they face: limited employment opportunities (81 per cent), low salaries (47 per cent), lack of housing (36 per cent), and poor educational opportunities (13 per cent). About 78 per cent of surveyed young people want to leave Armenia, with 42 per cent planning to leave within three years.[33] Young people from poor families, with disabilities, and in rural areas are at much greater risk of not taking part in community life and not having decent job opportunities. Health, education and social protection policies all require strengthening to become child-friendly. About 40 per cent of school-aged children have multiple health complaints, and over 25 per cent of 15-year-old girls and rural children show symptoms of serious depression. Adolescents have limited contacts with the health system: some 55 per cent of 11-year-olds have never seen a family doctor or paediatrician, with an even higher rate in rural areas.[34]

14. Armenia is among the 60 most disaster-prone countries,[35] facing nearly 110 types of hazards. The country is prone to earthquakes, 98 per cent of the population is at risk for drought, and 31 per cent for flooding.[36] Shocks and stress, including from climate-related hazards, strongly affect the most marginalized and disadvantaged. Severe environmental challenges include an expanding mining industry, poor-quality drinking water, air pollution, deforestation and open landfills,[37] all of which negatively affect the health of children and communities.

15. The NSS has championed the introduction of methodologies to improve social statistics and produce high-quality national data: a multidimensional poverty index was established with World Bank assistance, while Multiple Overlapping Deprivation Analysis will be conducted with UNICEF technical support in 2015. While all NSS regional offices have the ArmeniaInfo database, decision makers seldom use this system. Moreover, administrative data remain inconsistent and lack an equity focus, and data from various ministries and organizations are often incompatible. A more reliable national data management system on child rights is needed.

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[31] Figures relate to all juveniles in a closed facility; currently half await trial (pre-sentence detention), with the other half in juvenile penitentiary. Source: Ministry of Justice and TransMonee.

[32] UNICEF Regional Office for CEE/CIS, Assessment of Juvenile Justice Reform Achievements in Armenia, 2010.

[33] United Nations Development Programme (UNDP), National Youth Aspirations Research Report, 2012.

[34] Arabkir Medical Centre, Ministry of Health, Ministry of Education and Science, UNICEF and WHO, Health Behavior in School-Aged Children, 2010.

[35] World Bank, Disaster Risk Reduction and Emergency Management in Armenia, 2009.

[36] UNDP, Report on Country Situation Review in the Context of National Disaster Risk Assessment and Management in Armenia, 2010-2011.

[37] UNDP, Towards Implementation of the "Post-Rio+" Process in the Republic of Armenia, 2014.

Programme priorities and partnerships

16. The programme will contribute to the following national priorities: 2014-2025 Armenia Development Strategy, National Plan of Action on Human Rights Protection, 2016-2020 State Programme of Education Development, National Disaster Risk Reduction (DRR) Strategy, State Strategic Programme on Child Rights Protection 2013-2016, and the United Nations Decade of Education for Sustainable Development.

17. The country programme will support the country's efforts towards greater social inclusion, especially for the most deprived children. It will contribute to the implementation of the Convention on the Rights of the Child, and assist with State follow-up to the 2013 Concluding Observations of the Committee on the Rights of the Child. The cooperation will be framed by the Convention on the Elimination of All Forms of Discrimination against Women, and the Convention on the Rights of Persons with Disabilities, and it will pursue the achievement of the post-2015 sustainable development agenda, while linking to the UNICEF Strategic Plan, 2014-2017. The programme is closely aligned with the United Nations Development Assistance Framework (UNDAF) 2016-2020 at the level of outcomes and strategies, and will contribute to the achievement of the post-2015 Sustainable Development Goals.

18. Key lessons learned during the current country programme highlighted the need for further investment in inter-sectoral cooperation. This particularly applies to addressing issues of children who face multiple deprivations, and reinforces the need for alignment of childcare system policies with integrated health, social protection and inclusive education reforms.

19. The Multi Country Evaluation (MCE) of Early Childhood Education recommended strengthening learning outcomes and quality assurance, as well as directing Government allocations towards the most deprived areas/families, including children with disabilities.[38] The MCE of Inclusive Quality Education noted the growing number of children with disabilities attending regular schools and the effectiveness of education programmes that promote social inclusion. It recommended focusing more on the quality of inclusive education, and on operationalizing the national strategy on transformation of special schools.[39] The MCE of Access to Justice suggested further collaboration with the European Union, within its broader engagement in governance and human rights issues.[40]

20. As a reliable partner and a strong, independent voice for children's rights, UNICEF will promote the inclusion of the most deprived children in national policies, convening partners around a child rights-related agenda and providing high-level international technical expertise. Alliances for children will be further strengthened with civil society, including the Child Protection Network of 40 local/international organizations, the DRR National Platform and its Thematic Groups on Education, persons with disabilities and gender, and the Alliance of Disability NGOs (non-governmental organizations). Engagement with parliamentarians, academia, human rights institutions, youth organizations and associations of parents will be

[38] UNICEF Regional Office for CEE/CIS (2014), MCE, Increasing Access and Equity in Early Childhood Education in Six CEE/CIS Countries, 2005-2012.

[39] MCE of Inclusion of All Out-of-School Children in Quality Learning in CEE/CIS.

[40] MCE of the Impact of Juvenile Justice Reforms on Children in Conflict with the Law, 2006-2012.

strengthened. UNICEF will invest in diaspora networks to support child rights-related reforms and will explore involving the private sector in corporate social responsibility, in line with the Children's Rights and Business Principles. UNICEF will continue its close collaboration with the European Union to place children's rights in the European Neighbourhood Policy, as well as with the World Bank, International Monetary Fund, Asian Development Bank (ADB) and United States Agency for International Development (USAID) on social/child protection and DRR.

Survival, health and development of children aged 0-6 years

21. Overall, the objective of this programme component is to address equity gaps in the health system and increase access to inclusive kindergartens of vulnerable children and their families in social services. Building on the well-developed primary health-care structure as the best channel to access families with young children, and in cooperation with education and social services, it will ensure early identification of children with malnutrition, health problems, developmental delays and maltreatment, aiming to ensure the provision of care and support, as well as increased promotion of healthy behaviours.

22. The programme will identify and address underlying systemic bottlenecks and equity gaps in infant mortality, by increasing sustainable State financing for child health care, strengthening data reliability/management, improving quality assurance and capacity for service delivery, and supporting the introduction of the child nutrition surveillance system. In order to reduce child mortality among the most vulnerable families, priority will be given to strengthening neonatal and paediatric care at subnational level, improving referral mechanisms and immunization services.

23. The programme component will contribute to strengthening policies and mechanisms that promote sound nutrition and prevent micronutrient deficiencies, by improving home-visiting and counselling services and by providing adequate support to families, including to improve their health behaviours. Attention will be given to public health interventions, such as flour fortification, and to enhanced multi-sectoral coordination at national, family and community levels.

24. The programme will support early identification/early intervention to prevent developmental delays and disabilities through refining health providers' functional responsibilities and capacities, so that parents can be trained in appropriate parenting techniques.

25. The programme will enable preschool expansion and inclusiveness by designing alternative models for remote, sparsely populated communities; strengthening professionals' capacities and practices; providing policy advice to address inclusion; and supporting improved data management. It will focus on sustainable State financing to reduce gaps in access to inclusive preschools, and will promote effective community models, such as fee waivers for the poorest families, subsidized by other parents.

The right of children to live in a caring and supportive family environment

26. This second programme component's overall objective is to strengthen resilience and coping mechanisms of families, thereby contributing to a safe, caring and supportive environment for their children. It will sharpen the focus of social services on vulnerable families with children, particularly those in extreme poverty.

27. The programme will support coping mechanisms (resilience) of families through the provision of efficient, effective State monetary assistance and specialized services. The programme will strengthen the synergies between child and social protection systems. This will include proposing schemes of reallocation of residential care-related State expenditures towards family-like solutions, including for children with disabilities.

28. This will involve sustaining reform of integrated social services, focusing on case management, local social planning, cooperation among services, and the expansion of professional social workers in communities. UNICEF will advise the Government on social cash transfer reform for increased coverage of extremely poor children, including urban settlements with the highest extreme poverty rates among children.[41] The programme will seek to reduce deprivation of parental care and support reunification of children in State care with their biological families or their placement in alternative family care. At the same time, the programme component will support the establishment of a legal framework and community services to respond to the needs of vulnerable children, including children in emergencies.

29. This component will also support scaling up of the identification, monitoring and response mechanisms for all children out of school or at risk of dropout, based on lessons learned from modelling this approach at the subnational level in one region. Robust data management systems will be complemented by cooperation among education, health, child protection and social protection authorities at community and regional levels.

30. The programme will strengthen the Government's capacity for multi-hazard risk assessment and address needs/concerns of children in the most disaster-prone areas. UNICEF will share its global experience under the Core Commitments for Children in Humanitarian Action (CCC) and promote the use of these guidelines by national emergency services. The programme will support the expansion of the social protection system's response in emergencies and strengthening the resilience of families and children. The role of girls and women in DRR will be prioritized in recognition of their contribution to protecting and rebuilding communities before/after disasters. Because two thirds of students attend schools that do not comply with earthquake-resistant construction codes, the programme will introduce a cost-effective system for building resilient schools that are seismically safe, energy-efficient and inclusive.

31. The programme component will develop a national youth policy framework to promote the inclusion of vulnerable adolescents and young people into sectoral strategies. It will include developing community mechanisms for youth engagement in the policy settings and budget planning to foster the non-discriminatory and meaningful participation of vulnerable adolescents and young people at

[41] The highest extreme child poverty rates are in Kotayk (5.9 per cent), Shirk (4.5) and Lori (3.6).

community/regional levels. An integrated approach oriented to equity and based on the health system will be modelled to help to ensure that the health needs of adolescents are met in a timely and comprehensively manner.

Enhancement of the realization of the rights of children with disabilities

32. Children with disabilities face multiple deprivations and need a continuum of services. This component's overall objective is to reduce bottlenecks in policy and legislation, budgeting and availability of services for children with disabilities, and to promote societal attitudes conducive to their full inclusion. Overall, this component will contribute to the needs of children with disabilities being reflected in education, health, child protection, justice and DRR policies and programmes.

33. The programme will work to give children with disabilities greater visibility in national data collection, through strengthening of cross-sectoral data management so that State policies/budgeting are better informed. The Government's efforts to improve the assessment of disability will be aligned with the International Classification of Functioning, Disability and Health (ICF), by revising criteria of eligibility for benefits/services.

34. Within this programme component, the Government will establish and expand existing rehabilitation services within the primary health-care system, as well as create community-based after-school care, development and respite services for children with disabilities and their families. Fostering cross-sectoral cooperation among education, health, child protection and social protection services for children with disabilities will be a key strategy to strengthen the exchange of information and referral mechanisms among outpatient health facilities, preschools and social services.

35. The national inclusive education system will be strengthened by transforming special schools into teaching support centres, developing the capacity of teaching/administrative staff, revising special-education needs assessments based on the ICF, changing funding mechanisms and improving quality of instruction. The programme will further work to ensure that positive experiences and lessons learned from inclusive school policies and programmes are reflected in preschools.

36. To reduce stigma and increase the participation of children with disabilities, this component will also focus on addressing social norms in preschools and schools, as well as on reducing the public's acceptance of child abandonment because of disability by raising awareness of the rights of children with disabilities, promoting equal access to education and encouraging inclusive values and respect for diversity.

Access to justice for children

37. Building on the reform of criminal and civil legislation and accompanying procedural codes, this component will assist efforts to establish a fair, timely and effective judicial system for children, as well as a child rights monitoring system, that can address violations of rights for the most vulnerable children.

38. The programme will support the legal reform process so that new laws safeguard the best interests of the child in contact with the civil, criminal or administrative justice system, including through the provision of child-sensitive procedures and information. It will further contribute to strengthening justice professionals' capacity to work with children in conflict with the law. It will also contribute to the development of policies and services to protect the rights of children in contact with the law — child victims/witnesses in particular — in order to reduce obstacles these children face in accessing justice and to prevent secondary victimization.

39. To facilitate the implementation of all rights under the Convention on the Rights of the Child and under national laws, the programme will promote a participatory approach so that marginalized children have a voice in combating discrimination and experience the realization of their right to an effective remedy. This will be accomplished through measures including the provision of child-sensitive alternative mechanisms to solving disputes and seeking redress as well as the provision of appropriate reparation measures. This component will continue to support strengthened independent monitoring of child rights by the National Human Rights Defender's Office (HRDO), including through enhancing direct access of children to the HRDO and preparing specialized child rights reports to the President and Parliament. The role of NGOs as part of an independent monitoring system will be promoted.

40. This component will also enable a more child-oriented approach to policy, programme and service design at all levels following relevant institutional mandates. Service provision will increasingly focus on the specific needs of the child and on better referral systems, with the expected result of a sharpened equity focus and greater progress in the realization of the rights of the most vulnerable.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Child survival, health and development	1 185	2 585	3 770
The right of children to live in a caring and supportive family environment	1 275	3 010	4 285
Enhancement of the realization of rights of children with disabilities	1 050	1 735	2 785
Access to justice for children	1 045	1 170	2 215
Total	**4 555**	**8 500**	**13 055**

Programme and risk management

41. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarters levels with

respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

42. The main risks to expected results relate to safety/security in light of the uncertain economic environment, high exposure to disaster, and reduced fundraising opportunities for a middle-income country. Mitigation measures will include fostering a strong commitment of stakeholders to account for their actions in policy reforms involving multiple line ministries, a risk-informed planning approach, mainstreaming of DRR, close partnerships with all levels of governance, establishment of permanent multi-sectoral commissions, diversification/leveraging of funding sources, as well as close monitoring of the harmonized approach to cash transfers. The focus will be on further developing the capacity of the State and on enhancing national ownership of the programme, so as to secure public funding for its continuation beyond 2020.

43. The United Nations will establish mechanisms to coordinate planning, implementation, monitoring and evaluation of the UNDAF, to which the country programme will directly contribute. As a basis for developing workplans to operationalize the country programme, UNICEF and the Government will agree on detailed results to be achieved by the cooperation.

44. As noted, UNICEF will work to leverage and mobilize resources for children by strengthening partnerships with Government, civil society and private sector partners, including by further enhancing partnerships with USAID, the World Bank, European Union and ADB. Opportunities for subregional programmes will be explored.

Monitoring and evaluation

45. The country programme will monitor barriers and bottlenecks faced by the most disadvantaged children in order to develop the most adequate strategies to help to reduce socioeconomic disparities. It will assist in establishing an equity-focused monitoring system to regularly inform policy and decision-making, with indicators agreed with partners and showing high disaggregation, based on internationally recognized standards.

46. The country programme will invest in harmonizing social statistics on child rights across State bodies to align with international standards, promoting the establishment of a designated institution to engage line ministries in implementing child rights policies in accordance with the Concluding Observations of the Committee on the rights of the Child. It will periodically publish a report on the state of children in Armenia.

47. Programme baselines will rely on the 2015 ADHS, the ILCS and Government administrative data. Child poverty data will be monitored based on the annual report on Social Snapshot and Poverty in Armenia and by using multiple overlapping deprivation analysis. Each key programme component will be externally evaluated in line with UNICEF evaluation policies.

48. Specific surveys on children with disabilities, children in residential care and other vulnerable groups will be conducted to monitor trends in disparities, including those regarding gender. Key evaluations will assess the effectiveness of family- and community-based alternative services and their role in the prevention of

institutionalization, the nutritional status of children and its dynamics, and the effectiveness of inter-sectoral mechanisms to monitor children out of school or at risk of dropout. The programme will systematically track progress against planned results through midyear and annual reviews.

49. Based on the good practices of Armenia, the country programme will invest in evaluating and documenting good practices and lessons learned to contribute to child rights realization beyond Armenian borders.

Annex

Results and resources framework

Armenia-UNICEF country programme of cooperation, 2016-2020

Convention on the Rights of the Child (relevant articles): 1, 7, 9, 14, 15, 16, 19, 20, 23, 24, 25, 28, 30, 34, 37, 39, 40

National priorities: 2014-2025 Armenia Development Strategy, National Plan of Action on Human Rights Protection, 2016-2020 State Programme of Education Development, National Disaster Risk Reduction (DRR) Strategy, State Strategic Programme on Child Rights Protection 2013-2016, and United Nations Decade of Education for Sustainable Development

Sustainable Development Goals:*

- End hunger, achieve food security and improved nutrition
- Ensure healthy lives, promote well-being for all at all ages
- Ensure inclusive, equitable quality education, promote lifelong learning opportunities for all
- Reduce inequality within and among countries

UNDAF outcomes involving UNICEF:

- By 2020, vulnerable groups have improved access to basic education and social protection services and participate in their communities
- By 2020, quality health services are accessible to all, including especially vulnerable groups
- By 2020 Sustainable Development principles and good practices for environmental sustainability resilience-building are introduced and applied
- By 2020, people's expectations for voice, accountability, transparency, and protection of human rights are met by improved systems of democratic governance

Outcome indicators:

- % of under-1 children fully immunized
- Stunting level in 0-5 girls/boys
- Children with special education needs enrolled in inclusive schools
- % of poor/extremely poor families reached with family benefits
- Number of communities benefiting from innovative disaster risk reduction/resilience measures and practices

Related UNICEF Strategic Plan outcome(s):

- Improved/equitable use of high-impact maternal and child health interventions from pregnancy to adolescence and promotion of healthy behaviours
- Improved/equitable use of nutritional support and improved nutrition/care practices
- Improved learning outcomes, equitable inclusive education
- Improved/equitable prevention of and response to violence, abuse, exploitation and neglect of children
- Improved policy environment and systems for disadvantaged/excluded children, guided by improved knowledge/data

* Sustainable Development Goals and targets, http://sustainabledevelopment.un.org/focussdgs.html, Sept 2014.

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome*		
					RR	*OR*	*Total*
By 2020, disadvantaged girls and boys aged 0-6 years and their families will make progress in realization of their rights to quality and inclusive health care, nutrition and early learning services	% of regional primary health facilities providing minimum standards of counselling/home visiting services to families with children 0-6 in regions Baseline: 10% of regional facilities (2014) Target: 70% (2020) Stunting among under-5 girls/boys Baseline: 19% [18%, girls; 20%, boys] (2010) Target: maximum 11% boys/girls (2020) % of girls/boys aged 3-5 enrolled in preschool Baseline: 47% [46% boys, 50% girls, 29% extremely poor] (2013); 29% children with disabilities [CWD] (2012) Target: 70% boys/girls; 50% extremely poor; 50% CWD (2020)	Ministry of Health (MoH) data Armenia Demographic and Health Surveys, (ADHS), 2010; 2015; 2020 NSS Social Situation in Armenia; MoES	By 2020: – National capacity to provide quality maternal and child health services for the most disadvantaged children is increased – Equity-oriented family support and home visiting services for young-child health and nutrition are improved – Access to early learning for the most disadvantaged groups is increased, including in times of shock and stress	MoH, Ministry of Education and Science (MoES), local health authorities, United States Agency for International Development (USAID)	1 185	2 585	3 770
By 2020, statutory needs-based services to disadvantaged families are in place to realize the right of a child to live in caring, protective and resilient family environments	Number of boys/girls in residential institutions at the end of the year Baseline: 3,629 [54% boys; 46% girls] (2014) Target: less than 1,000 (2020); % of child extreme poverty Baseline 3.3% [urban settlements: 3.8%/rural: 2.4%] (2013) Target: 2% [urban settlements: 2%/rural: 2%] (2020)	Ministry of Labor and Social Issues (MoLSI) data; case manager reports; MoE data NSS Social Snapshot and Poverty report MoES reports	By 2020: – Child protection services effectively prevent family separation and respond to child violence and abuse – The integrated social protection system effectively identifies and responds to income poverty and multiple deprivations of disadvantaged children and their families	MoLSI, MoES, MTA, State Police, Human Rights Defender, Ministry of Urban Development, World Bank, ADB, IMF, USAID, European Union, Die Deutsche Gesellschaft für Internationale Zusammenarbeit (German Agency for Technical Cooperation)	1 275	3 010	4 285

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome*		
					RR	*OR*	*Total*
	% of child poverty Baseline 37.3% [urban settlements: 38.2%/rural: 36%] (2013) Target: 20% [urban settlements: 20%/rural: 20%] (2020) % of communities incorporating DRR/risk analysis into local development strategies Baseline: 0.1% (2014) Target: 50% (2020)		– National and subnational mechanisms are established to promote civic participation, and to build resilience and capacity of disadvantaged adolescents to realize their rights, ensuring access to quality health, community development, and employment services – National and subnational systems strengthen the resilience of disadvantaged children, including those with disabilities, in environmental hazard- and disaster-prone zones in line with international standards – Major policies, perceptions and attitudes with regards to women's and girls' roles and value in the society are positively changed – Intersectoral mechanisms are established to identify and support out-of-school and at-risk children				
By 2020, children with disabilities progressively realize their rights to education, rehabilitation and social protection and to participate in community life	Number of children receiving rehabilitation services in State-funded centres Baseline: 1,580 (2014) Target: 6,000 (2020)	MoH, MoES MoES NSS ILCS (Child Needs Survey) MoLSI	By 2020: – Children with disabilities have improved access to quality rehabilitation and care services	MoH, MoLSI, MoES, Ministry of Youth and Sport	1 050	1 735	2 785

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome*		
					RR	*OR*	*Total*
	Number of children with special education needs in inclusive schools Baseline: 3,000, gender disaggregation N/A (2014) Target: 5,000, gender disaggregation available Number of children in special schools for children with disabilities Baseline: 2,400 (2014) Target: 500 (2020) % of people older than 18 believing that children with physical/intellectual disabilities should go to mainstream schools Baseline: 52% physical, 12% intellectual (2013) Target: 75% physical, 40% intellectual (2020) The Government has real-time multi-sector monitoring on CWD Baseline: the database in place is sectoral and does not include all CWD (2015) Target: the database includes at least 90% CWD and is linked with existing child-focused national systems in real time (2020)		– Children with disabilities have improved access to quality inclusive education at preschool and primary and secondary school levels – Needs and voices of adolescents and young people with disabilities are reflected in relevant sectoral policies and strategies that are risk-informed – Public attitudes towards the inclusion of children with disabilities are improved and these children are more involved in the life of their communities – The data management system on children with disabilities is strengthened and coverage is improved by enhancing identification based on the Convention on the Rights of Persons with Disabilities definition, establishing real-time monitoring of rights of children with disabilities and ensuring disaggregation in child-focused national statistics				

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome*		
					RR	*OR*	*Total*
By 2020, justice and human rights institutions better serve, protect and monitor the rights of all children, especially the most vulnerable, in line with the Convention on the Rights of the Child	Child rights monitoring body identified and functioning Baseline: no independent report on State of Children in Armenia Target: first independent report published (2020) % of 2013 Committee Concluding Observations implemented Baseline: 7% (2014) Target: at least 70% (2018) System of protection for child victims and witnesses is in place and in line with UN Guidelines on Justice in Matters Involving Child Victims and Witnesses of Crime Baseline: in place, not in line with UN Guidelines (2014) Target: in place, in line with UN Guidelines (2020). The Ombudsman's individual complaint system is accessible for institutionalized and school children	Government decree on establishment of child rights monitoring body Independent assessments, surveys, studies, evaluations/monitoring reports; administrative reports and databases Decision of Government/ Ministry of Justice (MoJ) Ombudsman reports	By 2020: – Government capacity is strengthened to ensure that equity-focused, child-specific quality data management systems are in line with international standards – The justice system adequately responds to children's violation of rights and ensures fair, timely and effective solutions – The Ombudsman and a network of child rights civil society groups are able to monitor and report on child rights violations	Human Rights Defender's Office, MoES, MoLSI, MoJ, Ministry of Territorial Administration (MoTA), MoE, MoES, MoH, National Statistical Service (NSS), police, local self-government bodies, UN agencies, civil society	1 045	1 170	2 215

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome*		
					RR	*OR*	*Total*
	Baseline: 0% have direct access to Ombudsman Target: 100% of children in residential institutions, and 50% in mainstream schools have direct access (2020)						
Total					**4 555**	**8 500**	**13 055**

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United Nations Children's Fund
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Item 5 (a) of the provisional agenda*

Country programme document

Turkmenistan

Summary

The country programme document (CPD) for Turkmenistan is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $4,500,000 from regular resources, subject to the availability of funds, and $5,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by the Executive Board members on the draft CPD that was shared 12 weeks prior to the annual session of 2015.

* E/ICEF/2015/4.

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Programme rationale

1. Turkmenistan, an upper-middle-income country, has experienced sustained economic growth for over a decade, which resulted in greater fiscal space available for social development and for improving children's health, education and social protection. The Government is undertaking socio-economic reforms to improve living standards for all, providing a wide range of goods and services to the population, free of charge or at negligible cost. Social allowances have increased by up to 40-50 per cent since 2010. In total, 417,000 households (nearly 45 per cent of all households) received childcare allowances in 2012. According to the State Statistics Committee (SSC), more than 12,100 children up to age 16 received disability allowances in 2012. However, the impact of socio-economic progress has been uneven across the country: disparities persist, by rural-urban status, region, wealth quintile, gender and disability.

2. The Government has recently been commended for its willingness to strengthen its human rights record.[1] Turkmenistan has continued to ratify human rights instruments, and made considerable efforts to harmonize its legislation with international child rights standards. The country is a State party to the Convention on the Rights of the Child and its first two Optional Protocols,[2] to the Convention on the Elimination of All Forms of Discrimination against Women, and to the Convention on the Rights of Persons with Disabilities and its Optional Protocol. In 2015, Turkmenistan presented its combined second, third and fourth reports to the Committee on the Rights of the Child, as well as the initial report on implementation of the Convention on the Rights of Persons with Disabilities.

3. Turkmenistan has made progress toward creating an enabling environment for children, enacting new laws on Trafficking and Selling of People, Equality of Women, Education and Youth, and the Law on Child Rights Guarantees. In addition, the government has adopted several Codes governing child protection, including the Family Code and a new version of the Social Protection Code, which brought the age of marriage in line with that of the Convention on the Rights of the Child. The Penal Code, Criminal Procedure Code, and the Labour Code were also updated so that they would align with recommendations made by treaty bodies. A National Action Plan for Children is pending approval. The 2012 National Juvenile Justice Programme provides for juvenile justice processes that are more child-friendly. The processes, compliant with international child rights obligations, cover the prevention, rehabilitation and reintegration of juvenile offenders into communities, as well as the provision of welfare and rehabilitation services to children in juvenile detention facilities. At the same time they enhance coordination and monitoring systems.

4. Also important for the new country programme of cooperation are the National Early Childhood Development and School Readiness Programme 2011-2015, the National Nutrition Programme and Action Plan 2012-2016, the National HIV Programme 2012-2016, and the 2015-2019 National Strategy and Action Plan on Maternal, Neonatal, Child, and Adolescent Health.

[1] Human Rights Council (2013).

[2] Turkmenistan has yet to ratify the third Optional Protocol, on a communications procedure.

5. The National Early Childhood Development Programme, designed with UNICEF support, aims to improve the quality of health and education services for children aged 0-8, promote supportive parenting, increase the readiness of girls and boys for schooling, and strengthen the monitoring of progress towards these objectives. A determinant analysis with partners revealed that several bottlenecks had to be overcome for successful implementation of this programme. The following was needed: better integration across policies; more coordinated planning for young children among the Ministry of Health and Medical Industry, the Ministry of Education and the Ministry of Labour and Social Protection; improved quality of information systems and data across sectors; and strengthened national capacity to translate policy into practice.

6. Health services for children are widely available and accessible in the country. However, child mortality remains high: while the Government reported an infant mortality rate of 15 per 1,000 live births in 2011, the United Nations Inter-agency Group for Child Mortality Estimation (UNIGME) estimated the rate at 50 for the same year, and 47 for 2013.[3] Neonatal conditions (pneumonia, asphyxia, preterm birth and sepsis) continue to be among the main causes of infant mortality.[4] Total public expenditure on health was only 2 per cent[5] of gross domestic product in 2012, much less than in other countries of the region with similar economic development. Other areas for improvement are the knowledge and skills of medical staff, the quality of maternal and child care in health facilities, as well as the awareness of parents about important childcare practices. Turkmenistan is one of 60 countries in the Countdown to 2015 initiative to track maternal, newborn and child survival. A stronger focus on survival, health, nutrition and development is required, especially for remote and most disadvantaged populations.

7. Turkmenistan achieved universal salt iodization in 2004. UNICEF supports the Government in monitoring sustainability in this area. In addition, flour fortification is owned and fully financed by the Government, with UNICEF supporting its quality assurance. National efforts to address stunting, anaemia and vitamin A deficiency, however, have yet to yield results, especially in the most disadvantaged areas. Anaemia remains a serious public health issue, affecting 44 per cent of children 6-59 months old and 57 per cent of women of reproductive age. One in two children aged 6-59 months has vitamin A deficiency, which contributes to both child morbidity and mortality.[6]

8. In 2013, the number of years of compulsory education was increased from 10 to 12, with children entering school at age 6. According to the Ministry of Education, one in three children aged 3-5 was enrolled in kindergarten in 2013. As many as 81 per cent of preschools were located in urban areas, which tend to be more advantaged than rural areas. The Ministry is building new kindergartens, particularly in rural areas, to widen access to preschool education. UNICEF supports the establishment of inclusive alternatives in remote communities, such as Early Childhood Development centres, and helps to strengthen the capacity of parents to prepare their children for school through a network of counselling centres.

[3] UNIGME, Child Mortality estimates for 2012 and 2014.

[4] "Countdown to 2015: Maternal, Newborn and Child Survival report" (Turkmenistan, 2014)

[5] World Bank, World Development Indicators (2014).

[6] UNICEF Turkmenistan, National Nutrition Survey (2012).

9. For children with disabilities, several types of preschool services exist: special kindergartens or integrated groups in 'regular' kindergartens for children with hearing and visual impairments, speech difficulties, intellectual disabilities, and disorders of the musculoskeletal system.[7] In 2013, the Ministry made a significant effort to expand the access of 5-year-old girls and boys to pre-primary school readiness programmes. A review of the experience so far identified key determinants of success in pre-primary education that will need to be prioritized: policy guidance and regulatory frameworks, as well as providing teachers with strong skills enabling them to help to equalize learning opportunities and to support the social, emotional and cognitive development of children with disabilities.

10. At 97 per cent (2011), primary school enrolment[8] is very high, as are retention and completion rates for both boys and girls. Yet considerable barriers remain to achieving international standards of quality primary education: these include, especially, policy gaps and a dearth of trained teachers. One initiative to improve both quality and inclusiveness is Child-Friendly Schools (CFS). More than 100 schools already use the CFS certification package, which includes a comprehensive set of standards, indicators and school-based assessments. Despite these efforts to promote inclusive education, segregation of children with disabilities persists. One major challenge is that there are no data on the number of girls and boys with disabilities and on the numbers of children with disabilities attending mainstream schools.

11. The issue of disability is becoming more visible in Turkmenistan. Still, children with disabilities face unequal opportunities to develop to their full potential. Considerable barriers prevent them from accessing services tailored to their needs and mainstream education and learning. Moreover, these children commonly suffer from formal institutionalization or "institutionalization at home". Children with disabilities, who comprise less than 5 per cent of the general population, are overrepresented in the infant home population, where they make up 36 per cent of residents.[9] Often, this institutionalization begins from birth. A recent study,[10] for example, found that over half of 189 very young children who were residents in four infant homes in September 2013 had been sent directly from maternity hospitals. Institutionalization is due to a number of factors, including social stigma, discrimination, inadequate services–which tend to segregate children with disabilities–lack of appropriate support in the community, physical challenges and the use of a medical model to assess disabilities, rather than the bio-psychosocial model based on the International Classification of Functioning, Disability and Health of the World Health Organization.

12. Despite a notable increase in research and surveys on children with disabilities and other issues, including efforts undertaken with international cooperation, Turkmenistan has yet to establish an adequate data collection system that would allow disaggregation and analysis of the various areas of child rights, as

[7] Turkmenistan, Initial State party report to the Committee on the Rights of the Child (2005).

[8] United Nations Turkmenistan, Data assessment for the Millennium Development Goals Report (2014).

[9] Ibid.

[10] UNICEF Turkmenistan, Study on Preventing Institutionalization of Children Aged 0-3 Years (2014).

recommended by the Committee on the Rights of the Child in its 2015 Concluding Observations.

13. Turkmenistan is extremely vulnerable to earthquakes, drought, flash floods, mudslides, strong winds, sand storms, and hail. Ashgabat City in 1948 was destroyed by an earthquake, which killed an estimated 176,000 people. Disaster preparedness and risk reduction focus on the paramount concern of safe and disaster-sensitive infrastructure.

Programme priorities and partnerships

14. Lessons learned supported by national research[11] point to areas that require further efforts: harmonizing laws, policies and national action plans, both internally and with international normative instruments; strengthening national systems capacity in implementation of laws and programmes benefiting children; supporting the greater availability and use of quality data in decision-making, as well as developing reliable systems to monitor progress towards achieving national goals for children.

15. The goal of the programme of cooperation is to support the Government to accelerate the universal realization of child rights through aligning its legal framework, policies and practices for children with international standards and best practices. In keeping with principles of the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities, the rights of young children and children with disabilities to survive, develop, be protected and participate will be central. The partnership will strive to strengthen accountability mechanisms, raise awareness about child rights, and improve data collection and analysis, leading to better national planning and budgeting. It is expected that the Government will continue to increase its investments in programmes benefiting children and this programme of cooperation will assist in identifying the most urgent priorities in reducing equity gaps for children.

16. Aligned with the UNICEF Strategic Plan, 2014-2017, the country programme will address key bottlenecks in the realization of children's rights to quality inclusive health, education and family life by focusing on the following strategies: (a) mainstreaming the best interests of the child into national policies and practices; (b) facilitating a shift in social norms and a change in attitudes, values and behaviours affecting the lives of vulnerable children; (c) developing sector strategies related to the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities and other human rights treaty obligations; (d) supporting the translation of policies into concrete actions through the introduction of tailored, replicable, inclusive and Government-funded social services and programmes, in particular, for vulnerable children and families; (e) sharing best practices on effective ways to close equity gaps and achieve gender equality; and (f) building partnerships with social sectors, Parliament and civil society around the children's equity agenda.

17. The country programme is guided by national priorities for children embodied in the legal and policy framework for children's rights. In addition to the new laws and codes mentioned above, this framework includes the National Programme for

[11] United Nations, Common Country Assessment for Turkmenistan (Ashgabat, 2013).

Socio-economic Development (NPSD) 2011-2030, and National Programme on Development of Social and Living Conditions of Residents of Villages, Communities, Towns and Regional Centres (NPDSLC) 2010-2020. The country programme also contributes to the five-year development programmes for each social sector, the comprehensive Education Sector Reform and the National Action Plan for Children. The country programme's strategic intent is aligned with the post-2015 sustainable development agenda and will contribute to achievement of the Sustainable Development Goals.

18. Greater attention needs to be paid to the quality of health and education services, especially for children with disabilities and their families. In child protection, more progress is needed regarding children in institutions and children with disabilities. The evaluation of the CFS initiative[12] highlighted that inclusion of children with disabilities in mainstream education and improving education quality in Turkmenistan require much work in order to meet international standards, norms and commitments.

19. The country programme of cooperation will focus on supporting public policies and systems that will benefit children in institutions and at the same time engage civil society on issues that are not yet well publicized: violence, abuse and neglect at home, in the school and within the community. The programme will strive to build independent complaint mechanisms and child rights monitoring. The child protection system will strengthen its capacity for assessment, prevention and monitoring. The treatment of children in conflict with the law, especially those in pre-trial and penal detention, will be brought in line with international practice.[13] Disaster Risk Reduction (DRR) will remain a national priority and will include nationwide school safety assessment.

20. The programme of cooperation encompasses four strategic components, which are interconnected: (a) young child survival and well-being, (b) quality and inclusive early learning, (c) reducing social inequities, and (d) partnerships for child rights. The programme's main thrust – "equity from the start" – will require work across government systems to ensure quality and continuity of services. It will support policies and practices that promote health, responsive parenting, and early learning and development starting from birth and extending through the transition to school. It will help national partners to develop and strengthen inclusive and targeted services (such as early intervention and developmental paediatrics for children with disabilities) by integrating these services into existing healthcare, education and social protection systems.

21. The programme will contribute to building appropriate linkages and referrals among public administration systems and support the development of multi-disciplinary professional expertise in early childhood health, care and development, in early learning, and in child protection. To achieve this the programme will contribute to helping government sectors to work in a more coordinated manner and to share responsibility for common results. Therefore, the four components of the Country Programme are interconnected and have a special focus on young children and children with disabilities.

[12] Karen Munce, "Turkmenistan Child Friendly-School Initiative: Evaluation report" (Government of Turkmenistan and UNICEF, 2014).

[13] UNICEF Turkmenistan, Study on Strengthening the Social Protection System for Children (2013)

Young child survival and well-being

22. Based on the results of the previous programme of cooperation, this component will contribute to increasing equitable access to quality health care services, establishing a system to identify and respond to risks of developmental delays and disabilities in children, and ensuring a continuum of care for children and their families, especially for children living in remote rural areas and children with developmental difficulties and disabilities. Impact results are expected in terms of a reduction in infant mortality.

23. To work towards the avoidance of preventable deaths in early childhood, the programme will address equity gaps in quality of care by strengthening management capacities and quality improvement mechanisms, with particular focus on perinatal/neonatal care services. An assessment by UNICEF and the Ministry of Health and Medical Industry showed that the home visitation system can be effective in providing a universal package of health promotion and prevention services to all pregnant women and families with young children, and ensure a continuum of care from pre-pregnancy through the first three years of a young child's life. Primary healthcare services, including home visitation/outreach programmes, will be optimized as an important channel to promote better parenting knowledge and skills, with a strong focus on essential care during pregnancy and childcare, adequate nutrition, and young child survival, health, growth and development.

24. The programme will contribute to addressing malnutrition through promoting exclusive breastfeeding and timely and age-appropriate complementary feeding practices. By promoting micronutrient fortification and supplementation programmes, this component will strengthen the health system's capacity for service delivery at the primary health care level and community-based care for the prevention of malnutrition in children, especially vitamin A deficiency and anaemia.

25. The programme component will aim to help partners to fill equity gaps in services that identify children whose well-being is at significant risk of developmental delays. It will support the introduction of developmental paediatrics and early intervention services into the health system, linking these services to education and social protection services. It will help to build national capacity for early identification, assessment, and planning, monitoring and multi-disciplinary cooperation. This will include the introduction of the International Classification of Functioning, Disability and Health for Children and Youth.

26. Through work with partners, the programme will aim to ensure effective vaccine management to sustain high immunization rates as well as to introduce new vaccines. UNICEF will offer procurement services for Government-funded vaccines.

Quality and inclusive early learning

27. This component will promote access to, and quality of, early learning for all children by supporting the efforts of the Ministry of Education to expand child-friendly principles to preschool and primary education and learning. This will include designing standards to ensure the inclusion of children with disabilities,

child-centred and participatory learning environments, application of relevant, play-based and age-appropriate teaching methods, as well as the implementation and monitoring of standards. In line with the goal of establishing the National ECD Programme, this component will support modelling of innovative and replicable forms of inclusive preschool and pre-primary education and learning. It will contribute to the development of school readiness standards, the updating of preschool and pre-primary curricula, the establishment of teacher qualification requirements, and to the design of child-friendly guidelines for comprehensive assessments of early learning achievements and school readiness.

28. The component will elaborate national policy on inclusive education in line with the inclusive education road map developed in 2014. It will help to design a capacity-building strategy to equip preschool and primary school teachers with competencies and skills to deliver inclusive education, and will update the training curricula for teachers through the introduction of flexible teaching and learning methods adapted to different needs and learning styles. UNICEF will support the Ministry of Education to generate data on children with disabilities and their participation in mainstream education, and will continue the dialogue begun with partners on inclusion of all children in education. Communication for social change will address segregation-based attitudes and beliefs and promote a wider societal acceptance of children with disabilities.

29. The programme will also foster preparedness through the scaling up of successful disaster risk reduction programmatic interventions to preschools and schools, with a focus on safe and disaster-sensitive infrastructure, accessibility of schools and classrooms, and developing the capacity of management, teachers, children and parents through life-saving knowledge and skills.

Reducing social inequities

30. This component seeks to promote the right of children to live without violence, abuse and neglect and thrive in a safe and nurturing family environment. Building on research[14] that identified equity gaps in the provision of social protection, the programme will support the Ministry of Health and Medical Industry, the Ministry of Education and the Ministry of Labour and Social Protection to coordinate their efforts in strengthening families in their childcare roles, and enhancing access to essential and support services for the most vulnerable children, with a special focus on children with disabilities. The programme will address underlying gaps and bottlenecks by fostering social work expertise and incorporating child protective standards in health and education. The programme will review existing regulatory frameworks, legal acts, policies and budgets with the aim of increasing national investment in support of vulnerable children. It will also assist the State Statistics Committee and line ministries to collect and analyse disaggregated data on children with disabilities.

31. As an alternative to segregation and institutionalization, including 'silent institutionalization' of children with disabilities at home, the programme will

[14] UNICEF Turkmenistan, Studies on Preventing Institutionalization of Children 0-3 Years of Age and on Impact of Cash, Non-Cash Transfers and Benefit Programmes for Families with Children (2014).

establish support services for disadvantaged children and their families; community-based support services that deal with violence, abuse, and neglect; and referral systems and services to ensure that social sectors address age- and gender-specific risks and vulnerabilities of children. At the same time, the programme will enhance the knowledge and skills of existing health, education and social workers in line with standards to be established, so as to fill the gap in provision of services for disadvantaged populations, including children with disabilities, children at risk of institutionalization and children in conflict with the law.

32. The establishment of child and family support services will require addressing policy gaps. Efforts, therefore, will be made to work with partners in developing the following: regulations to guide the delivery of these new services; amendments to existing laws on health, education; and new laws and policies on the rights of persons with disabilities, with a focus on children. In line with recent policy consultations on the realization of the rights of children with disabilities,[15] the programme will incorporate and translate into action the definition of disability put forth in the Convention on the Rights of Persons with Disabilities. The programme will assess the current child protection system, including roles and accountabilities of concerned public agencies in the realization and monitoring of child rights. UNICEF will facilitate access to the best international knowledge and practice for children, convening stakeholders and fostering dialogue about child protection and social protection systems for disadvantaged children and their families.

33. To monitor and identify systemic, cultural and attitudinal bottlenecks limiting the opportunities of vulnerable children, in particular children with disabilities, the programme will enhance the capacity of statistical, health, education and social protection agencies to monitor and report in a transparent manner on child rights and on the recommendations and concluding observations of relevant treaty bodies. It will strengthen the collection of disaggregated data, aligning efforts with global standards on data access and dissemination.

Partnerships for child rights

34. The component will focus on promoting effective partnerships with multilateral, public and non-State actors. Building on well-established cooperation with the Government, UNICEF will forge stronger cooperation with the Ministry of Finance and the Ministry of Economy and Development to leverage more public investment for children. The programme will also seek greater engagement of civil society in child rights promotion and realization. Partnerships will be strengthened with knowledge institutions, academia and education institutions for knowledge production and exchange, both inside the country and beyond its borders. Cooperation will be further explored to find effective modalities for knowledge exchange with other countries pursuing results for children.

35. The programme will enhance cooperation with resident and non-resident United Nations agencies, funds and programmes to achieve joint results under the Partnership Framework for Development 2016-2020, and will seek new ways to collaborate with the European Union in inclusive education; advocate with the

[15] Policy consultation with line ministries, civil society, academia and international experts on recommendations on the rights of children with disabilities, Turkmenistan (2012).

Word Bank on child-centred public finance management; and collaborate with the United States Agency for International Development and the Turkish International Cooperation Agency in decreasing IMR.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regula resource	*Othe resource*	*Total*
Young child survival and well-being	1 10	1 700	2 800
Quality and inclusive early learning	1 10	1 700	2 800
Reducing social inequities	1 60	2 100	3 700
Partnerships for child rights	70	0	700
Total	**4 50**	**5 500**	**10 000**

Programme and risk management

36. This CPD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

37. During programme implementation, the country office will aim to verify the UNICEF Theory of Change hypotheses and related assumptions through regular programme reviews and the application of results-based management. The identified risks that could endanger the achievement of programme results will be monitored, and mitigation measures implemented. The programme will also have a specific component – DRR – as one of the cost-effective development interventions to save and protect lives of children in times of natural disasters.

Monitoring and evaluation

38. The programme will measure progress in the realization of child rights, emphasizing disadvantaged groups, including children with disabilities, and gender disparities. The successful practice of participatory research will continue to strengthen national capacity in data collection, analysis and response actions. A special focus will be on the comparability of national and internationally validated data and on the quality, accessibility and use of data. This will be achieved through innovative data collection and quality management tools to assess results of the programme of cooperation. Particular attention will paid to following up on the analysis of the data from 2014-2015 studies on the situation of children with disabilities and on services that respond to their needs. The programme will thus contribute to addressing current gaps in the availability of data on child rights in Turkmenistan.

39. Two joint evaluations will be undertaken to track progress on two programme components: (a) effectiveness of home visiting, which will also assess progress in the implementation of the national policy on neonatal, child and adolescent health, and (b) the access of young children, including children with disabilities, to quality early learning, which will contribute to tracking progress related to the national policy on ECD and school readiness.

Annex

Results and resources framework

Government of Turkmenistan -UNICEF country programme of cooperation, 2016-2020

Convention on the Rights of the Child articles: 2, 4, 5, 6, 9, 12, 13, 17, 18, 19, 20, 21, 23, 24, 26, 27, 28, 29, 32, 36, 39, 40
National priorities: SDGs 3, 4, 5, 6, 16, 17, Turkmenistan's Constitution, Law on Guarantees of the Rights of the Child (2014), National Strategic Plan for Turkmenistan (2011-2030), National Programme on Development of Social and Living Conditions of Residents of Villages, Communities, Towns and Regional Centres (2010-2020), National Plan of Action for Children (2016-2020), National Strategy and Action Plan on Maternal, Newborn, Child and Adolescent Health (2015-2019), National Programme on ECD and School Readiness (2011-2015), National Nutrition Programme and Action Plan (2012-2016), National HIV Programme (2012-2016)

United Nations Partnership Framework for Development outcomes involving UNICEF:

1. Quality data, aligned with international standards, is available to policy makers, legislators, and the interested public to monitor the major goals of National Programmes, the post-2015 SDGs, United Nations Partnership Framework for Development, and to formulate new national strategies and programmes

Indicators

1.1. % of the recommendations from the adapted Global Assessment of the National Statistical System implemented
1.2. Number of sectors that have developed sector plans and established a system to monitor progress
1.3. SDG targets adopted and incorporated into national strategies and sector plans
1.4. Availability of a nationalized SDG monitoring and reporting system in keeping with international standards

2. Preschool, primary and secondary education services are of higher quality, in line with international standards, and with priority given to inclusive education

Indicators

2.1. % of five year old girls and boys enroled in pre-primary education
2.2. % of secondary (including primary) schools that implement quality and inclusive education standards
2.4. Availability of gender- and age-disaggregated data to track access to education of girls and boys, including children with disabilities (CWD)

3. The social protection system is ready to provide inclusive quality communitybased support services

Indicators

3.1. Coverage of social protection systems, disaggregated by sex, age, rural/urban and at-risk groups
3.2. Availability of inclusive community-based support services compliant with international standards
3.3. % of population (disaggregated by residence, age, sex, and disability status) with knowledge of where and how to access community-based social services

4. The people of Turkmenistan, especially vulnerable groups, enjoy better coverage of quality health care services focusing on women and child health, nutrition, non-communicable diseases, tuberculosis and multiple drug-resistant tuberculosis, early detection and prevention (MDRTB) (*Focus: young children, children with developmental delays, MDRTB patients, young people, pregnant and lactating women, reproductive-age women, and migrants)

Indicators

4.1. U5 mortality rate by 2020

4.4. % of maternity facilities providing comprehensive emergency obstetric and neonatal care in line with adopted clinical protocols

6. The national policy, legislative and institutional frameworks are responsive to climate change issues by promoting climate resilience, adaptation, climate risk management and disaster risk reduction measures at sector and community level

Indicators

6.3. Availability of DRR and Climate Risk Management (CRM)/adaptation legal instruments approved and under implementation with appropriate financial and technical arrangements, and quality sector plans developed and initiated that have DRR/CRM adaptation practices, include gender aspects and appropriate DRR cross-sector coordination mechanisms included

8. State institutions implement and monitor laws, national programmes and strategies in a participatory manner in line with the country's human rights commitments

Indicators

8.1. Number of the new laws and amendments that are gender-sensitive and developed in line with United Nations human rights standards

8.2. Number of human rights national plans approved and percentage of actions implemented

8.3. Number of civil society development bodies representing women, youth, children and persons with disabilities participating in the design and implementation of national and sector programmes

Related UNICEF Strategic Plan, 2014-2017, outcomes: 1, 3, 4, 5, 6, 7 (Health, Water, Sanitation and Hygiene, Nutrition, Education, Child Protection, Social Inclusion)

UNICEF outcomes	Key progress indicators, baselines and targets	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome (in thousands of US$)		
Young child survival and well-being							
1. By end-2020, all children, including children with developmental difficulties, have access to quality health services to ensure child survival, health and better developmental outcomes	**Indicator**: % of maternity facilities following updated protocols on neonatal care, including early identification of developmental difficulties in children, principles of the Baby-Friendly Hospital Initiative (BFHI) and infection prevention **Baseline:** 0%, 2015 **Target:** 70%, 2020	Public health policy documents; regular monitoring reports, including lot quality assurance sampling (LQAS) collected data	By end-2017, National policy on early intervention services/ developmental paediatrics and related clinical protocols adopted in line with international standards By end-2019, the health system regularly assesses implementation of adopted protocols on neonatal care, home visiting, infection control and BFHI principles to ensure quality of care	Ministry of Health and Medical Industry (MoHMI), sector ministries, Medical University, Medical colleges, Maternal and Child Health Centre, National Inter-agency	**RR** 1 100	**OR** 1 700	**Total** 2 800
	Indicator: Proportion of	Regular	By end-2019, evaluation of				

	Primary Health Care facilities that offer updated home visiting services aligned with regional standards **Baseline:** 0%, 2015 **Target:** 50%, 2020	monitoring reports, including LQAS collected data	home visiting services is conducted to measure progress against the 2012 baseline assessment	Coordination Committee, UNICEF, WHO, UNFPA			
	Indicator:% of mothers of children U5 who know and practice supportive care for survival, growth and development **Baseline**: TBD, Facts for Life-based Knowledge, Attitude and Practice (KAP) survey, 2015 **Target:** TBD, to be measured by KAP, 2019	KAP survey	By end-2019, all home visiting professionals provide parental education on child health, nutrition and development to all pregnant women and families of children U5				
Quality and inclusive early development							
2. By end-2020, young children aged 3-8, including the most disadvantaged, benefit from preschool and primary education	**Indicator:** % of five year old girls and boys enrolled in pre-primary education **Baseline:** 33,5% (54% boys; 46 girls), State Statistics Committee (SSC) 2012 **Target:** 80% for boys and girls, 2020	Reports of SSC/Ministry of Education (MoE)	By end-2017, school readiness standards, child-friendly measurement tools and curriculum for pre-primary learning are ready for use	MoE, National Institute of Education, SSC, local education authorities	**RR** 1 100	**OR** 1 700	**Total** 2 800
	Indicator: Availability of child-friendly measurement tools to assess school readiness **Baseline:** Measurement tools not available, 2014 **Target:** measurement tools available, 2017	MoE order/regulation on standards of school readiness	By end-2017, training/retraining programmes for pre-school, primary and secondary school specialists are improved in line with international quality and inclusive education standards By end-2018, new forms of	Teacher training colleges and higher education establishments, MoHMI, Ministry of Finance (MoF), civil society			

			preschool education services are modelled in two selected locations, assessed and documented	organizations (CSOs)			
	Indicator: % of schools meeting international quality and inclusive education standards **Baseline:** 5.5 %, 2014 **Target:** 30% , 2020	Reports on certification of schools for Child-Friendly Schools (CFS) status	By end-2019, CFS evaluation to assess implementation of quality and inclusive standards in primary education is conducted By end-2020, the Government has a national policy on inclusive education	MoE, National Institute of Education, SSC, local education authorities, UNFPA			
	Indicator: % of schools and kindergartens assessed for compliance with DRR safety standards **Baseline:** (1,800 schools) None assessed, 2014 **Target**: 20%, 2020 **Baseline:** 860 kindergartens, none assessed, 2014 **Target:** 20%, 2020	MoE and school reports	By end-2017, procedures on assessment of preschools and schools are developed and tested in pilot preschools/schools By end-2020, the Government has capacity to assess preschools/schools for safety	Ministry of Defence, National Red Crescent Society, Ministry of Construction Ministry of Economy and Development, MoF, MoHMI, local education authorities			
Reducing social inequities							
3.1. By end-2020, the social protection system is ready to provide inclusive quality community-based support services	**Indicator:** Availability of a conceptual policy framework on social work (Y/N) **Baseline:** Policy is not available **Target:** An endorsed policy framework, 2020	Ministry of Labour and Social Protection (MoLSP) reports, Journal of Parliament Programme	By end-2017, a conceptual policy framework for social services is developed targeting disadvantaged groups, including CWD	MoLSP, MoE, MoHMI, local executive authorities, MoF, CSOs, academia	1 600	2 100	3 700

		reports and documentation of social support services modelled with UNICEF support						
	Indicator: Availability of inclusive community-based support services compliant with international standards (Y/N) **Baseline:** Community based services are not available **Target:** Services available in all five *velayats* (provinces) capitals and Ashgabat, 2020		By end-2019, a law on support services to vulnerable groups of children and families is developed By end-2019, a draft law on a State social order (contract arrangement for the delivery of social services) is drafted					
	Indicator: % of population (disaggregated by residence, age, sex, and disability status) who have knowledge of where and how to access community-based social services **Baseline:** TBD, 2018 KAP **Target:** TBD, to be measured by 2020 KAP		By end-2020, social support services are modeled in 2 selected locations, assessed, documented					
3.2. By end-2020, state institutions have strengthened participatory	**Indicator:** Availability of national sex-disaggregated data on child rights realization,	Reports on implementation of National Plan of Action	By end-2017, a system of indicators to collect and monitor disaggregated data on child rights realization to assess	National Institute of Democracy and Human Rights,				

systems to implement and monitor laws, national programmes, and strategies, including human rights	including data on CWD **Baseline:** 2007 national report on situation of children in Turkmenistan based on 2006 Multiple Indicator Cluster Survey (MICS) **Target:** 2018 and 2020 national reports on situation of children (including sex disaggregated data on CWD)	for Children (NPAC), 2016-2020, MICS, Statistical year books, Journal of Parliament	NPAC implementation is developed By end-2018, disaggregated data on CWD is regularly collected and disseminated to inform alignment of legislation and policy decisions in the best interests of CWD	*Mejlis*, Ministry of Justice, MoE, SSC, social sector ministries, local authorities, media, local NGOs			
	Indicator: Number of new laws and amendments that address recommendations of the Committee on the Rights of the Child and Committee on the Rights of Persons with Disabilities **Baseline:** 1 (2014 Law on Guarantees of the Rights of the Child) **Target:** Updated laws on education and on healthcare, and a new law on persons with disabilities aligned with the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities, 2020	Publication of laws in media	By end-2019, national legislation is aligned with principles of the Convention on the Rights of the Child, focusing on realization of the rights of CWD (3 laws)				
	Indicator: Proportion of schoolchildren 12-16 years old, disaggregated	KAP report on child rights knowledge	By end-2020, awareness of children, caregivers and decision makers on child rights				

	by sex, who are aware of and know about application of child rights principles, including the rights of CWD **Baseline**: TBD, 2016 KAP **Target:** TBD, to be measured by 2018 KAP	Reports from consultations with children on child rights	is increased through effective advocacy and communication				
Partnerships for child rights							
4. By end-2020, partnerships are strengthened with United Nations agencies, multilateral organizations and the public sector for greater investment in the realization of child rights	**Indicator:** Size and trend in public funding for country programme results areas benefiting disadvantaged children **Baseline** and **Target to be established 2016**	Annual reports on programme budget implementation	The Government increasingly incorporates country programme results areas benefiting disadvantaged children in midterm strategic planning and budgeting	Government, UN, CSOs,	**RR** 700	**OR** 0	**Total** 700
Total:					**4 500**	**5 500**	**10 000**

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Country programme document

Zimbabwe

Summary

The country programme document (CPD) for Zimbabwe is presented to the Executive Board for discussion and approval at the present session, on no-objection basis. The CPD includes a proposed aggregate indicative budget of $31,000,000 from regular resources, subject to the availability of funds, and $567,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the annual session of 2015.

* E/ICEF/2015/4.

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Programme rationale[1]

1. Zimbabwe, with a population of 13.1 million people — 48 per cent of them children — has faced a number of challenges over the years. Because of persistent economic decline between 1998 and 2008, the per capita gross domestic product fell from $574 to $284 during that period.[2] Poverty, in turn, increased from 71 per cent to 84.3 per cent in rural areas, and from 37 per cent to 46.5 per cent in urban areas. There was also reduced Government spending in the social sector and a flight of skilled manpower. Making matters worse, Cholera outbreaks in 2008-2009 claimed more than 4,000 lives. The country, whose social systems once served as a model for the subregion, experienced substantial deterioration in Millennium Development Goal indicators.

2. In early 2010, in response to deteriorating social indicators, the Government, donors and UNICEF established Transition Funds (TFs) as a modality for channelling donor support to the health, education, child protection, and water, sanitation and hygiene (WASH) sectors. These large-scale multi-donor pooled funding mechanisms, led by the Government and managed by UNICEF, allowed for a coordinated approach in delivering a nationally agreed set of high-impact, cost-effective interventions.

3. A comparison of results from 2010 and 2014 Multiple Indicator Cluster Survey (MICS) showed improvement in a number of areas. The maternal mortality ratio fell from 960 to 614 per 100,000 live births; under-five mortality was reduced from 94 to 75 per 1,000 live births; primary school completion rose from 43 per cent to 99 per cent; vertical transmission of HIV was reduced from 31 per cent to 9.2 per cent; exclusive breastfeeding rose from 26 per cent to 41 per cent; and stunting fell from 35 per cent to 28 per cent. The improvements achieved have returned Zimbabwe to 1990 benchmark levels but recovery remains incomplete, fragile and at risk. National averages mask disparities and quality issues persist.

4. In health, 87 per cent of reported maternal deaths occur in health facilities, and the majority of both maternal and child deaths are the result of preventable and treatable causes — with malnutrition an underlying factor for nearly half of child deaths. Routine immunization coverage for DPT3 (Penta3) stands at 90 per cent.

5. The national HIV prevalence rate of 15.0 per cent [14.2 per cent-15.7 per cent][3] among adults aged 15-49 conceals geographical and gender disparities. Despite good availability of antiretroviral treatment (ART) for prevention of vertical transmission of HIV (82 per cent), the proportion of pregnant women living with HIV who access this treatment is low (43 per cent). Only a third (32 per cent) of health facilities offered paediatric ART in 2013 and only 41 per cent of children under 14 years living with HIV received the treatment. Limited availability of equipment, inadequate numbers of trained staff, cost, low levels of knowledge on appropriate therapy, and stigma are among the barriers to ART utilization. Access to ART is higher in urban than rural areas.

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[1] All data referenced in this document are from the Zimbabwe 2014 Situation Analysis, unless indicated otherwise.

[2] Zimbabwe National Statistics Agency (ZIMSTAT) 2014.

[3] UNAIDS Country Profile <www.unaids.com.org/en/regionscountries/countries/zimbabwe> (accessed 8 February 2015).

6. Prolonged underinvestment has resulted in deterioration in water and sanitation infrastructure and services. Access to improved water sources — 98.4 per cent in urban areas and 67.5 per cent in rural areas — is still below 2000 levels.[4] Urban access to water piped onto premises was 66 per cent in 2014 compared with 88 per cent in 2000, with reliability of water supply dropping from 24 to 6-13 hours per day. Sanitation infrastructure has not kept pace with expanding urban populations. In rural areas, the lack of subsidies has affected the ability of households to construct safe sanitation facilities. Open defecation (44 per cent in rural areas) and leakages of raw sewage in urban areas are major concerns contributing to higher incidence of diarrhoea, worms and other intestinal infestations.

7. Since 2009, much progress has been made in strengthening the basic education system. Improvement in key education indicators, however, conceals wide inequalities in enrolment and learning outcomes related to household socioeconomic status and geographic factors. Gender parity has been achieved at both primary and secondary levels, with average enrolment of 50.7 per cent for females and 51.9 per cent for males. The pass rate for the 10 worst-performing schools stands at 2 per cent against best performance of 100 per cent.

8. While Zimbabwe continues to restore and strengthen systems for child protection, the range and reach of services remain inadequate due to insufficient funding, low staff capacity, weak referral pathways and tracking, concentration of efforts in urban areas, and limited knowledge of and confidence in existing systems. As a result, in 2014, less than 40 per cent of children who experienced sexual violence knew where to seek professional help and only 2.4 per cent of female victims of sexual abuse accessed available services. Birth registration has stagnated at 32 per cent.[5] Provisions of the 2013 National Constitution prohibiting marriage of persons under 18 years of age have not yet been implemented.

9. With 78 per cent and 26 per cent of children living in households that are poor and extremely poor, respectively, 11 per cent living with disability, and 27 per cent without parental care, inclusion is a key concern. In 2014, cash transfers to extremely poor households reached only 55,509 of 500,000 qualifying households in the 20 participating districts.

10. Recovery of social systems is still highly dependent on donor funding, and several risks continue to threaten the sustainability of gains. These include: economic slowdown, declining donor support, limited ability of the Government to finance key interventions, and likely resource demands in the event of a large-scale or persistent natural disaster (drought, flooding or disease outbreak). With more than 80 per cent of the national budget spent on salaries, expanding fiscal space for social spending requires innovation and donor support through a transition period during which responsibility is gradually shifted to the State.

11. Key lessons from the 2011-2015 country programme relate to: (a) the role of innovative funding arrangements in delivering large-scale programmes using Government systems and leadership despite tense donor-government relations, and (b) the value of quality evidence in mobilizing support for high-impact, cost-effective interventions. The achievements reinforce the position of UNICEF with donors and the Government at policy and programme levels.

[4] MICS 2014.
[5] MICS 2014.

12. UNICEF can build on the experience of managing the Transition Funds to continue bringing together stakeholders to strengthen the social sector in Zimbabwe. UNICEF will leverage its position of trust and credibility to mobilize donors, the private sector and Government for greater social sector financing, accountability and focus on underserved populations, including children with disabilities, children living in poverty, and children without appropriate family care.

Programme priorities and partnerships

13. The 2016-2020 country programme supports the Zimbabwe United Nations Development Assistance Framework (ZUNDAF), 2016-2020, and the Zimbabwe Agenda for Sustainable Socio-Economic Transformation (Zim Asset), 2013-2018. Zim Asset is the blueprint adopted for economic recovery, under which the Government is implementing initiatives to address poverty, including increasing agricultural productivity, and supporting economic empowerment, youth initiatives, social protection and resilience-building.

14. Formulated through dialogue with the Government and development and implementing partners, the country programme aims to support Zimbabwe to sustain and build upon the gains achieved for children during the previous programme, while contributing to strengthening resilience. The country programme will focus on improving service quality and access, and building national and subnational capacity to provide high-impact interventions to reach all children, including the most vulnerable. UNICEF will also support Zimbabwe to strengthen the capacity for climate change adaptation and disaster risk reduction and response, particularly focusing on the effects on children and families.

15. The country programme is underpinned by the assumption that donor support will continue but gradually decline as the economic situation improves and the Government budget for the social sector increases. The following strategies aligned with the UNICEF Strategic Plan, 2014-2017, and the Eastern and Southern Africa Regional Priorities will be pursued to achieve programme goals:

(a) **Capacity development**: Strengthening systems and reinforcing national and subnational capacity to plan, deliver and monitor social services for children, with a special focus on effective coordination and reaching the most disadvantaged groups;

(b) **Evidence generation, policy dialogue and advocacy**: Supporting equity-focused and child-friendly policies and budgets, sector plans and frameworks emphasizing resource allocations for social services and placing children at the centre of planning processes;

(c) **Partnerships**: Working with Zimbabwe partners to rebuild social service capacity, participating in initiatives focusing on empowering young people, and expanding partnerships with the private sector;

(d) **South-South and triangular cooperation**: Drawing on experiences and examples of good practice from other countries and sharing lessons learned;

(e) **Identification and promotion of innovation**: Fostering innovative partnerships with young people, civil society and religious networks to support customized behaviour change and community engagement;

(f) **Support to integration and cross-sectoral linkages**: Coordinating implementation of different sectoral interventions in the same geographic locations to enhance programmatic synergies for children and families at community level;

(g) **Service delivery**: Supporting Government structures to deliver quality services through provision of appropriate inputs, systems strengthening and implementation of results-focused financing mechanisms.

16. The **Health and nutrition** programme will contribute to equitable access to and use of high-impact, cost-effective and quality health and nutrition interventions and practices among pregnant women, newborns, children and adolescents.

17. Working with donors and Government partners, UNICEF will support further strengthening of the health system, with particular focus on underserved geographic regions. Programming will centre on reducing costs and social barriers to access and utilization, increasing the number of facilities equipped to provide quality services, addressing policy constraints, mobilizing resources, improving spending, and strengthening referral and utilization and quality of care reporting. In partnership with the Government, the GAVI Alliance, and other partners, UNICEF will work to maintain high national coverage and further expand immunization in districts with the lowest coverage.

18. Interventions to address stunting will focus on maternal nutrition, timely initiation of and exclusive breastfeeding for the first 6 months, continuation of breastfeeding to 24 months with appropriate complementary feeding practices, addressing micronutrient deficiencies among children aged 6-59 months and the management of severe acute malnutrition.

19. The **HIV and AIDS** programme will contribute to equitable use of proven HIV prevention and treatment interventions among children, pregnant women and adolescents. UNICEF will work in partnership with Government ministries, development partners and civil society to integrate HIV testing and treatment initiation within the maternal, newborn and child health platform; strengthen programming in HIV and sexual and reproductive health rights for adolescents; improve monitoring and accountability for HIV testing, antiretroviral therapy initiation and adherence for children, adolescents and pregnant women; enhance capacities for service provision; and reduce barriers to service utilization.

20. The **Water, sanitation and hygiene (WASH)** programme will contribute to equitable use of safe drinking water, sanitation and improved hygiene practices. UNICEF will support Zimbabwe to deliver on the goals of the Africa Ministerial Council on Water and the Sanitation and Water for All initiative. Working with partners, including donors, civil society and the private sector, UNICEF will support the Government at national and subnational levels to strengthen sector planning, coordination and management. Key areas of focus include: improving citizen engagement and contribution to infrastructure development and maintenance; addressing supply-side constraints, including rehabilitation of infrastructure, improvements of monitoring and maintenance; supporting the development and implementation of a sanitation and hygiene policy; improving WASH in schools and health facilities, and disaster risk preparedness and response; and strengthening cross-sector linkages, emphasizing child health and prevention of stunting.

21. The **Education** programme will contribute to ensuring that all boys and girls have increased and more equitable access to, and completion of, quality, inclusive

education with improved learning outcomes. Working with relevant ministries, United Nations agencies, donors and civil society through established sector planning and coordination mechanisms, UNICEF will strengthen sector capacity for expanded education access, including through non-formal education, and improved learning outcomes. Emphasis will be placed on using evidence to reach disadvantaged children and schools. Key interventions will include: provision of targeted school improvement grants; support to early learning and remedial education; school health programmes, including HIV and AIDS education; implementation of revised curricula and teacher development programmes; and re-entry and skills programmes for out-of-school children and adolescents. In addition, UNICEF will contribute to the development of credible education sector plans and policies, based on evidence and informed by solid data collection systems.

22. The **Child protection** programme will support children, especially adolescent girls and children without appropriate family care, to be protected from violence, abuse and exploitation and to benefit from improved response systems. In partnership with key stakeholders, UNICEF will work with government and other partners towards aligning child rights-related legislation with provisions of the Constitution and international standards. UNICEF will build on past experience to help to mobilize and coordinate resources and actions based on the national action plan for children and will support further strengthening of the child justice system. The programme aims to provide key protection services in underserved rural areas, strengthen community knowledge of and confidence in child protection services, and enhance data management for case reporting and tracking.

23. The **Social policy, research and development** programme, guided by knowledge and data, will contribute to an improved policy environment and systems for disadvantaged and excluded children. The programme will strengthen and support development and implementation of policies that protect and improve the inclusion of marginalized groups. Key areas of intervention will include: research and analysis of data to improve understanding of excluded and marginalized groups and the dynamics of exclusion; budget analysis and advocacy to increase resources for child rights-oriented programmes; strengthening inclusion of resilience in sectoral plans; supporting participatory policy-making and planning; and strengthening the design and funding of social protection programmes. Working with the Government, the World Bank, International Monetary Fund, African Development Bank, United Nations agencies and other partners, UNICEF will explore opportunities for expanding fiscal space for children.

24. The **Cross-sectoral** programme will strengthen the efficiency and effectiveness of UNICEF and partners to deliver results across all outcome areas. Key interventions to improve organizational effectiveness include: strengthening UNICEF and partner capacity in the human rights-based approach to programming, results-based management, gender analysis and mainstreaming, equity and value-for-money analysis, and generation and use of evidence to inform programming. Other areas include coordination of emergency preparedness and response and integrating communication for development and technology for development in programming. Engagement with the private sector, including foundations, and other non-traditional partners, will be employed to leverage financial and non-financial resources.

25. Organizational efficiency will be further enhanced through quality operational support to programmes coupled with continuous analysis of processes, costs and results to maximize value for money in all transactions. The country office aims to excel in all programme and management indicators.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Health and nutrition	7 500	295 000	302 500
HIV and AIDS	2 500	15 000	17 500
Water, sanitation and hygiene	5 000	80 000	85 000
Education	5 000	95 000	100 000
Child protection	3 000	60 000	63 000
Social policy, research and development	5 000	12 000	17 000
Cross-sectoral	3 000	10 000	13 000
Total	**31 000**	**567 000**	**598 000**

Programme and risk management

26. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

27. Country programme implementation will be coordinated through the Ministry of Finance in close collaboration with sector ministries, United Nations agencies, non-governmental organizations and development partners. Monitoring and early warning mechanisms will be used to anticipate significant changes in the programming context, including changes in donor and government priorities and/or funding trends, shifts in needs, and changes in knowledge of effectiveness of interventions. Adjustments will be made to ensure continued programme quality, efficiency and effectiveness. The harmonized approach to cash transfers (HACT) will be enhanced to respond to major financial risks in programme implementation. The capacity of staff and partners to comply with HACT requirements will be strengthened.

Monitoring and evaluation

28. UNICEF will participate in the ZUNDAF working group on monitoring and evaluation and contribute towards strengthening national monitoring systems, including sector management information systems. Joint programme monitoring that includes midyear and annual reviews with the Government, United Nations agencies and other partners will be used to assess progress against planned results. The midterm review scheduled for 2018 will be used to make adjustments to the

programme and an end-term evaluation is planned for 2020. The five-year Integrated Monitoring and Evaluation Plan (see annex) will provide evidence on the relevance, effectiveness, efficiency and sustainability of country programme interventions. Evaluation will be used for both accountability and the generation of lessons to improve programming.

29. UNICEF will build upon the Monitoring Results for Equity System (MoRES) applied in the current programme to support strengthening of national and subnational systems for routine data collection and will complement this with surveys for enhanced planning and targeting. UNICEF will also support partners to explore the use of mobile devices in improving timeliness of data and strengthening local utilization of data and feedback. Use will be made of tools such as the child-focused analysis of national budget and census data (Child-friendly National Budgeting Initiative and the Child Equity Atlas). National surveys to track child indicators will be supported in 2018 and 2019.

Annex

Results and resources framework

Zimbabwe-UNICEF country programme of cooperation, 2016-2020

UNICEF outcomes	Key progress indicators, baselines and targets	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Regular resources (RR) Other resources (OR)		
					RR	OR	Total
HEALTH							
Relevant articles of the Convention on the Rights of the Child: 6, 24.							
National Priorities in accordance with the Zimbabwe Agenda for Sustainable Socio-Economic Transformation (Zim Asset): Cluster/Key Result Area (Outcome): *Social Services and Poverty Eradication*: Social Service Delivery (reduced morbidity and mortality/tuberculosis prevalence/maternal mortality and child mortality rates; reduced HIV infections among children and adults; reduced incidence of other communicable diseases such as malaria and diarrhoea; improved client satisfaction and service delivery; reduced financial barriers to health services; improved standard of living); *Policy and Legislation* (improved enabling legal, policy and regulatory environment; improved collaboration and coordination.) MDG 4 (Reduce child mortality), MDG 5 (Improve maternal health) and MDG 6 (Combat HIV and AIDS, malaria and other diseases).							
UNDAF Outcomes involving UNICEF: *2. Social Services and Protection* Outcome 1: Vulnerable populations have increased access to and utilization of quality basic social services by 2020; Outcome 2: Key institutions provide quality and equitable social services by 2020							
Related UNICEF Strategic Plan Outcome: 1. Health							
Eighty per cent of pregnant women, newborns, children and adolescents have equitable access to and utilize high-impact, cost-effective and quality health interventions and practice healthy behaviours by 2020	• Proportion of pregnant women attending at least 4 antenatal visits Baseline: 70%; Target: 90% • Proportion of births attended to by a skilled birth attendant Baseline: 80%; Target: 90% • Proportion of newborns receiving 3 postnatal visits within 28 days of delivery Baseline: TBD; Target: 60% • Proportion of children fully immunized by the age of one year Baseline: 69%; Target: 90% • Proportion of children aged 0-59 months with diarrhoea treated with oral rehydration solution and zinc. Baseline: 14%; Target: 50%	Demographic and Health Survey (DHS); MICS; Routine Health Management Information System (HMIS) data	**Output 1:** Strengthened health systems capacity to deliver quality rights- and gender-sensitive maternal, newborn, child and adolescent health care. **Output 2:** Strengthened commitment, partnerships and accountability to plan, budget, finance and monitor the scale-up of low-cost evidence-based	Ministry of Health and Child Care United Nations agencies United States Government The Global Fund to Fight AIDS, Tuberculosis, and Malaria United States Agency for International Development (USAID); Department for International Development of the United Kingdom (DFID); and other donors Local authorities and quasi-government institutions	**5.0**	**275.0**	**280.0**

	• Proportion of children aged 0-59 months with suspected pneumonia treated with appropriate antibiotics Baseline: 34%; Target 60% • Proportion of children aged 0-59 months with malaria treated with Artemisinin-based Combination Therapies or other appropriate antimalarial treatment Baseline: 79%; Target: 90% • Proportion of children aged 0-59 months sleeping under an insecticide-treated net Baseline: 27% ; Target 80%		health interventions, including in humanitarian situations. **Output 3:** Increased demand and equitable utilization of quality maternal, newborn, child and adolescent health services among disadvantaged and marginalized groups.	The World Bank GAVI Private sector Academia Community-based organizations			

NUTRITION								
Relevant article of the Convention on the Rights of the Child: 24.								
National priorities: Zim Asset *Cluster/* Key Result Area (Outcome): *Food Security and Nutrition*: Nutrition (reduced stunting levels of children; improved availability of quality food and nutrition data); Policy and Legislation (improved enabling legal, policy and nutrition regulatory environment). MDG 1 (Eradicate extreme poverty and hunger) and MDG 4 (Reduce child mortality).								
UNDAF Outcome involving UNICEF: *1. Food and Nutrition Security* Outcome 1: National institutions deliver adequate and timely services that improve food and nutrition; Outcome 2: Vulnerable communities are able to cope with climate change and build resilience for household food and nutrition security; *2. Social Services & Protection*: Outcome 2: Key institutions provide quality and equitable social services by 2020.								
Related UNICEF Strategic Plan Outcome: 4. Nutrition								
Infants, young children and mothers have increased and equitable use of nutritional services and improved nutrition and care practices, with a focus on stunting	• Proportion of children breastfed within one hour of birth (timely initiation of breastfeeding) Baseline (MICS 2014): 58.9% Target (DHS/MICS 2017): 70% • Proportion of children aged 0-5 months exclusively breastfed Baseline (MICS 2014): 41% Target (DHS/MICS 2017): 60% • Proportion of children who are fed complementary foods in a timely manner (introduction of solid/semi-solid/soft food) Baseline (MICS 2014): 87.3% Target (DHS/MICS 2017): 92% • Proportion of children fed minimum acceptable diet Baseline (NNS 2010): 11% Target (NNS/MICS 2017): 50% • Proportion of children who receive vitamin A supplements twice yearly (full vitamin A supplementation coverage) Baseline (HMIS 2013): 43% Target (HMIS): 80% • Proportion of population consuming adequately iodized salt at household level Baseline (MICS 2014): 57% Target (MICS 2017): 90%	DHS MICS HMIS reports Food and Nutrition Council reports National Nutrition Surveys (NNS)	**Output 1:** Equity-focused national policies, legislation, strategies and plans adopted for scaling up of high-impact critical nutrition interventions. **Output 2:** Strengthened subnational capacity to implement and coordinate multi-sectoral scale-up of services to protect, promote and support optimal nutritional status of boys, girls and women, including in humanitarian situations. **Output 3:** Children, caregivers and communities in selected districts apply optimal nutrition and care practices, and seek preventive, promotive and curative nutrition services.	United Nations agencies (UNICEF, World Food Programme, Food and Agriculture Organization, World Health Organization, United Nations Population Fund) Food and Nutrition Council Ministry of Agriculture Ministry of Health Nutrition Cluster Partners	2.5	20.0	22.5

	• Proportion of provinces with multi-sectoral, costed and sustainable provincial plans (that include clear targets on reducing stunting) Baseline: 0% Target: 30% • Primary Health Care Centres assessing and managing children with severe acute malnutrition as per the global standard Baseline: 77% Target: 90%					

HIV and AIDS							
Relevant articles of the Convention on the Rights of the Child: 6, 24.							
National Priorities: Zim Asset Cluster/Key Result Area (Outcome): *Social Services and Poverty Eradication*: Social Service Delivery (reduced HIV infections among children and adults.) MDG 6 (Combat HIV/AIDS, malaria and other diseases).							
UNDAF Outcome involving UNICEF: *2. Social Services and Protection* Outcome 1: Vulnerable populations have increased access to and utilization of quality basic social services by 2020.							
Related UNICEF Strategic Plan Outcome: 2. HIV and AIDS							
By 2020, at least 80 per cent of children, pregnant women and adolescents have equitable use of proven HIV prevention and treatment interventions	• Coverage of antiretroviral therapy (ART) for all pregnant women living with HIV Baseline: 43% (2014) Target: 90% • ART coverage among children aged 0-14 years Baseline: 41% (2014) Target: 90% • ART coverage among girls and boys aged 10-19 years Baseline: TBD Target: At least 80% • Eligible 10-19-year-olds receiving voluntary male medical circumcision Baseline: TBD Target: At least 60% • Condom use at last sexual encounter among 15-19-year-olds reporting multiple encounters Baseline: TBD Target: At least 60%	Annual Programme reports MICS	**Output 1:** Increased national, provincial, district, facility and community service delivery capacity to provide essential rights- and gender-sensitive HIV information and services for women, children and adolescents, including in humanitarian situations. **Output 2**: Strengthened leadership, commitment, accountability and capacity for evidence-based equity-focused planning and budgeting for scale-up of HIV and AIDS prevention and treatment interventions for children and adolescents. **Output 3**: Enhanced capacity of children, adolescents and caregivers to adopt behaviours that empower them to prevent HIV and facilitate utilization of relevant HIV and AIDS services.	United Nations agencies The Global Fund to Fight AIDS, Tuberculosis and Malaria Health Transition Fund partners Pharmaceutical and laboratory technology partners Information and Communication Technology partners Social media partners HIV and sexual and reproductive health partnership forums Education Development Fund Nutrition Cluster	**2.5**	**15.0**	**17.5**

WATER, SANITATION AND HYGIENE							
Relevant article of the Convention on the Rights of the Child: 24.							
National Priorities: Zim Asset Cluster/ Key Result Area (Outcome): *Social Services and Poverty Eradication*: Social Service Delivery (improved service delivery by local authorities); *Infrastructure and Utilities*: Construction of urban water supply and sanitation projects (improved water supplies and waste water disposal in towns and cities), Construction of rural water supply and sanitation schemes (improved water supplies in rural areas). MDG 7 (Ensure environmental sustainability).							
UNDAF Outcome involving UNICEF: *2. Social Services and Protection* Outcome 1: Vulnerable populations have increased access to and utilization of quality basic social services by 2020.							
Related UNICEF Strategic Plan Outcome: 3. Water, sanitation and hygiene							
By 2020, Zimbabweans have increased and equitable use of safe drinking water, sanitation and improved hygiene practices	• Proportion of population using an improved drinking water supply by 2020 Baseline: (MICS 2014): 76.1% Target: 82% • Proportion of population practising open defecation by 2020 Baseline: (MICS 2014): 31.7% Target: 14% • Proportion of households with basic hand-washing facilities by 2020 Baseline: (MICS 2014): 50.5% Target: 70% • Proportion of children under 5 years of age with diarrhoea Baseline: 15.5% Target: 12.4%	MICS DHS Poverty Income Consumption and Expenditure Survey	**Output 1:** Enhanced support for children, adolescent girls and families leading to sustained use of safe drinking water, adoption of adequate sanitation and good hygiene practices. **Output 2:** Enhanced national capacity and partnerships to provide equitable access to safe drinking water and adequate sanitation. **Output 3:** Strengthened national capacity to legislate, coordinate, plan and monitor scaling-up of rights- and gender-sensitive interventions to promote safe drinking water, adequate sanitation and good hygiene practices. **Output 4:** Increased national capacity and delivery of services to ensure that girls, boys and women have protected and reliable access to sufficient safe water, sanitation and hygiene facilities in humanitarian situations.	Ministry of Local Government Ministry of Water Resources and Infrastructure Development Ministry of Health, National Action Committee Local authorities Non-governmental organizations (NGOs) The World Bank African Development Bank United Nations agencies Donors Private sector	**5.0**	**45.0**[1] **35.0**[2]	**85.0**
						[1] Water [2] Sanitation, hygiene and capacity development	

EDUCATION							
Relevant articles of the Convention on the Rights of the Child: 28, 29.							
National Priorities: Zim Asset Cluster/ Key Result Area (Outcome): *Social Services and Poverty Eradication*: Indigenization and Empowerment (increased literacy levels); Social Service Delivery (improved standard of living). MDG 2 (Achieve universal primary education) and MDG 3 (Promote gender equality and empower women).							
UNDAF Outcome involving UNICEF: *2. Social Services and Protection* Outcome 2: Key institutions provide quality and equitable social services by 2020.							
Related UNICEF Strategic Plan Outcome: 5. Education							
By 2020, all boys and girls have increased and more equitable access to, and completion of, quality, inclusive education, with improved learning outcomes	• Percentage of pupils achieving at or above the grade-appropriate level after completing grade 2 for Mathematics and English: Baseline (2014 Total/Female/Male): English: 51 / 56 / 47 Mathematics: 67 / 70 / 65; Targets (Total/Female/Male): English: 58 / 63 / 54 Mathematics: 72 / 75 / 70 • Pre-primary enrolment ratio: Baseline (2013 Total/Female/Male): 39.4/ 39.3 / 39.5 Target: 50 / 50 / 50 • Secondary gross enrolment in the 10 districts with the lowest enrolment rates: Baseline (2013 Total/Female/Male): 51.2% / 50.7% / 51.9% Target (Total/Female/Male): 71.2% / 71.2% / 71.2% • Grade 7 pass rate in the bottom 10% of schools: Baseline (2013 Total/Female/Male): 2.2% / 2.3% / 2.1% Target (Total/Female/Male): 12.2% / 12.2% / 12.2%	Zimbabwe Early Learning Assessment Education Management Information System (EMIS) EMIS	**Output 1**: Enhanced capacities of stakeholders at all levels, including communities, for increased learning opportunities for out-of-school children and young people, and equitable access for and retention of disadvantaged children. **Output 2**: Increased national capacity to provide access to age-appropriate, quality learning opportunities and minimize the effects of disasters on learning. **Output 3**: Strengthened political commitment, accountability and national capacity for evidence-based legislation, planning and budgeting for scaling-up quality and inclusive education.	Ministry of Primary and Secondary Education Ministry of Higher and Tertiary Education Zimbabwe Examinations Council Ministry of Finance Private sector, civil society, faith-based organizations and NGOs Global Partnership for Education Coordination Mechanisms: Education Development Fund Steering Committee, Education Coordination Group	**5.0**	**95.0**	**100.0**

CHILD PROTECTION								
Relevant articles of the Convention on the Rights of the Child: 3, 7, 9, 12, 19, 20, 21, 23, 25, 32, 34, 37, 40.								
National Priorities: Zim Asset Cluster/ Key Result Area (Outcome): *Social Services and Poverty Eradication*: Social Service Delivery (improved access to justice by indigent persons; improved standard of living).								
UNDAF Outcome involving UNICEF: 2. *Social Services and Protection* Outcome 2: Key institutions provide quality and equitable social services by 2020; Outcome 3: Households living below the (food) poverty line have better access to social protection services.								
Related UNICEF Strategic Plan Outcome: 6. Child protection								
By 2020, more children in Zimbabwe, especially adolescent girls and children without appropriate family care, are protected from violence, abuse and exploitation and benefit from improved response systems	• Proportion of women aged 15-19 who have ever experienced sexual violence Baseline (2011): 18% Target: 15% • Proportion of children in conflict with the law sentenced to alternative measures to detention Baseline: 67% Target: 75% • Proportion of children under 5 years of age whose births are registered. Baseline (2014): 32.3% Target: 50% • Timely submission of treaty monitoring reports (Convention on the Rights of the Child, Convention on the Elimination of All Forms of Discrimination against Women and others) • Percentage of women aged 15-19 currently married/in union Baseline (2014): 24.5% Target: 21% • Percentage of women aged 15-19 who have begun childbearing Baseline (2014): 24.2% Target: 21%	DHS MICS Ministry of Justice Pre-trial diversion committee	**Output 1**: Increased capacity of Government and civil society organizations (CSOs) to provide safe access to quality comprehensive and coordinated child protection services that prevent and respond to violence, abuse, exploitation and neglect, and are sustained in humanitarian situations. **Output 2**: Increased capacity of communities and families in target districts to practise behaviours and demonstrate attitudes which protect children from violence, abuse and exploitation. **Output 3**: Strengthened political commitment, accountability and national capacity to legislate, plan and budget for scaling up quality rights- and gender-sensitive child protection services for vulnerable children and their families. **Output 4**: Strengthened economic capacity for the most vulnerable households, including those affected by HIV and AIDS, to protect children from practices that expose them to violence, abuse and exploitation in target districts.	Ministry of Public Service, Labour and Social Welfare Ministry of Justice, Parliamentary and Legal Affairs Judicial Service Commission Legal Aid Directorate Ministry of Home Affairs Police DFID, USAID, Swedish International Development Cooperation Agency, Swiss Agency for Development and Cooperation, European Union and other donors The World Bank World Food Programme Council of Social Workers Child Protection Society World Education Save the Children Child Protection Network	**3.0**	**60.0**	**63.0**

SOCIAL POLICY, RESEARCH AND DEVELOPMENT							
Relevant articles of the Convention on the Rights of the Child: 2, 4, 13, 26, 27.							
National Priorities: Zim Asset Cluster/Key Result Area (Outcome): *Social Services and Poverty Eradication*: Social Service Delivery (improved standard of living), Gender and Development (improved gender equality and equity); *Policy Administration, Governance and Performance Management*: Policy formulation, advocacy and coordination (improved policy coordination; reduced policy inconsistencies); Resource mobilization and allocation (improved funding; improved allocative efficiency and effectiveness); Implementation, monitoring and evaluation (improved programme performance). MDG 1 (Eradicate extreme poverty and hunger) and MDG 8 (Develop a global partnership for development).							
UNDAF Outcome involving UNICEF: *2. Social Services and Protection* Outcome 3: Households living below the (food) poverty line have better access to social protection services; *4. Governance & Public Administration* Outcome 1: Key public sector institutions mobilize, manage and account for resources effectively for quality and equitable service delivery; Outcome 2: Increased citizen participation in democratic processes in line with the provision of the Constitution and relevant international norms and standards.							
Related UNICEF Strategic Plan Outcome: 7. Social inclusion.							
Improved policy environment and systems for disadvantaged and excluded children, guided by improved knowledge and data	• Number of national policies developed on social inclusion Baseline (2014): 0 Target: 6 • Percentage of the poorest households receiving economic support social transfers in the last 3 months Baseline (2014): 7% Target: 40% • Percentage of annual Government expenditure for social services Baseline (2014): 29% Target: 50% • Number of nationally representative social, health and economic surveys conducted Baseline (2014): 1 Target: 3	Policy review reports MICS Annual reports Survey reports	**Output 1**: Increased national capacity to provide equitable access to inclusive systems that protect children, adolescents and women from poverty and promote social inclusion and resilience to climate change and humanitarian crises. **Output 2**: Strengthened political commitment, accountability and national capacity to legislate, plan, budget and fund inclusive social policies. **Output 3**: Enhanced capacity of disadvantaged and marginalized children and families to use social protection systems and participate in decision-making processes affecting them. **Output 4**: Increased national capacity to generate and utilize data and knowledge on key human rights and gender equality dimensions of social inclusion.	Ministry of Economic Planning and Development Local Government authorities ZIMSTAT DFID European Union and other donors The World Bank International Monetary Fund Academia Major private sector actors Civil society	**5.0**	**12.0**	**17.0**

CROSS-SECTORAL							
National Priorities: Zim Asset Cluster/Key Result Area (Outcome): *Social Services and Poverty Eradication*: Social Service Delivery (improved standard of living), Gender and Development (improved gender equality and equity); *Policy Administration, Governance and Performance Management*: Policy formulation, advocacy and coordination; public sector modernization and civil service reform (improved planning in the public sector; improved service delivery; improved public sector governance).							
UNDAF Outcome involving UNICEF: *5. Gender Equality* Outcome 1: Institutional and human capacity to promote gender equality and empowerment of women in social, political, economic and legal spheres strengthened.							
Improved efficiency and effectiveness of UNICEF and partners across all outcome areas	• Percentage of evaluations rated satisfactory or better Baseline: TBD; Target: 90% • Country office rating on regional programme indicators Baseline: TBD; Target: Satisfactory or better • Proportion of projects completed on time and within budget Baseline: TBD; Target 90% • Proportion of donor reports submitted on time Baseline: TBD; Target 100% • Number and value of private sector partnerships (including foundations) Baseline: TBD; Target: TBD • Country office rating on Regional Management Team Operations Indicators Baseline: TBD; Target: TBD • Number of key sectors (health, education, WASH, child protection, and nutrition) incorporating emergency preparedness and related human and financial capacities Baseline: 1; Target 5 • Proportion of children in humanitarian situations reached with appropriate interventions	UNICEF evaluation ratings Management reports Periodic assessments	**Output 1**: Improved capacity of UNICEF and partners for effective rights-based programming including: access to analytical tools/models and skills in research, rights-based programming, results-based management, and gender-responsive programming. **Output 2:** Improved capacity of UNICEF and partners to utilize monitoring, research and evaluation to improve results. **Output 3:** Improved capacity of UNICEF and partners for planning and coordination of humanitarian work. **Output 4:** Improved utilization by UNICEF and partners of advocacy, communication for development, and information and communication technology to improve results for children. **Output 5:** Enhanced organizational capacity for resource mobilization, learning, reporting and risk management.	NGOs Government partners	**3.0**	**10.0**	**13.0**
Total resources						**31.0**	**567.0**	**598.0**

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United Nations Children's Fund
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Item 5 (a) of the provisional agenda*

Country programme document

Uganda

Summary

The country programme document (CPD) for Uganda is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $112,284,000 from regular resources, subject to the availability of funds, and $203,865,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016 through 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the annual session of 2015.

* E/ICEF/2015/4.

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Programme rationale

1. Uganda made significant economic progress between 1992 and 2011, with an average annual growth rate in gross domestic product (GDP) of 7 per cent.[1] While GDP growth slowed to 3.4 per cent in 2012, it is showing signs of recovery, reaching 6 per cent in 2013.[2] Children make up 57 per cent of the population of 34.9 million. Despite the progress made in reducing income poverty, more than 55 per cent of children aged 0-4 years are classified as deprived, and 24 per cent[3] as extremely deprived in at least two of the seven dimensions.[4]

2. Noteworthy progress has been made in reducing child mortality. The under-five mortality rate fell from 152 to 90 deaths per 1,000 live births between 2000/2001 and 2011,[5] against the Millennium Development Goal target of 56 per 1,000 live births by end- 2015. Progress was made against other targets of the Millennium Development Goals: The infant mortality rate declined from 88 to 54 deaths per 1,000 live births over the same period against the target of 41 per 1,000 live births.[6] Neonatal mortality rate dropped only marginally, from 33 to 27 per 1,000 live births[7] (against the target of 23). There was no progress in the maternal mortality ratio — which rose from 435 to 438 deaths per 100,000 live births,[8] against the target of 131 per 100,000 live births by 2015. Immunization rates are low, with only 52 per cent of children fully immunized.[9]

3. There has been some progress in nutrition indicators: stunting rates declined slightly, from 38 per cent to 33 per cent between 2006 and 2011; wasting decreased from 6 per cent to 5 per cent; and underweight from 16 per cent to 14 per cent. The rate of exclusive breastfeeding at 6 months stands at 63 per cent.[10] More than a third (38 per cent) of children under five displayed vitamin A deficiency, as did 36 per cent of women aged 15-49 years.[11] Anaemia affects 49 per cent of children aged 6-59 months and 23 per cent of women of childbearing age.[12]

4. The underlying contributors to maternal, neonatal and child morbidity and mortality and undernutrition include insufficient coverage of high-impact interventions along the continuum of care, mainly due to inadequate financial and human resource allocations; inadequate supply of essential commodities; issues in

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[1] African Development Bank, Organisation for Economic Co-operation and Development, United Nations Development Programme, United Nations Economic Commission for Africa. http://www.worldbank.org/en/country/uganda/overview and the 2013 African Economic Outlook.

[2] World Bank data <http://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG/countries/UG?display=graph> (accessed 11 February 2015).

[3] Ministry of Gender, Labour and Social Development, UNICEF and Economic Policy Research Center of Uganda, *Situation Analysis of Child Poverty and Deprivation in Uganda 2014*.

[4] Areas of deprivation: a. nutrition, b. health, c. water. d. sanitation, e. shelter, f. education and g. information.

[5] Uganda Demographic and Health Survey (UDHS) 2011.

[6] Ibid.

[7] Ibid.

[8] Ibid.

[9] Ibid.

[10] Ibid.

[11] Ibid.

[12] Ibid.

quality of care and low uptake of services; and gaps in knowledge of appropriate childcare practices.

5. HIV is the second leading cause of death among adolescents, claiming 300 lives every day, and 6,300 in Uganda in 2012.[13] Children below 15 years of age account for 176,948 (11 per cent) of the estimated 1,618,233 persons living with HIV in Uganda.[14] With the rollout of Option B+,[15] the first polymerase chain reaction positivity rates[16] declined from 8.7 per cent in 2012 to 5.3 per cent in 2014. Two thirds of all new HIV cases in 2012 were among adolescent girls.

6. Access to improved sources of drinking water increased from 67 per cent of households in 2006 to 70 per cent in 2011 (urban: 90.6 per cent, and rural: 65.6 per cent).[17] Regarding sanitation, 16.4 per cent of households use improved toilet facilities that are not shared (urban: 20.9 per cent, and rural: 15.3 per cent).[18] The rate of open defecation stands at 9.7 per cent.[19] Access to safe water and sanitation is constrained by declining sector funding and weak coordination capacity at the district level, insufficient investment in maintenance of facilities, and beliefs and social norms that do not contribute to optimal water, hygiene and sanitation-related behaviours.

7. Data for early childhood development (ECD) services for children aged 0-3 years is not available. The net attendance ratio for pre-primary education is 23 per cent for boys and 24 per cent for girls.[20] Major constraints to the uptake of ECD services include: low national access, with a distribution skewed towards urban areas, few trained teachers, and lack of clarity around appropriate curricula for and limited awareness of ECD.

8. In primary education, the net attendance rate is 81 per cent — equal for boys and girls.[21] Approximately, 8 per cent of children of school-going age (6-12 years) have never enrolled in school.[22] In 2011, the primary school completion rate was 32 per cent and 663,000 children were out of school.[23] While the gender gap in primary school has been successfully closed, girls from the least wealthy households have a low rate of transition to secondary school due to poverty and negative social norms. Only 9 per cent of 2.5 million children with disabilities were enrolled in pre-primary, primary or secondary schools over the 2009-2011 period. Major bottlenecks include a shortage of qualified teachers, inadequate infrastructure, scarcity of learning materials, and inadequate provision for children with special learning needs.

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[13] UNICEF, *Towards an AIDS-free Generation: Children and AIDS: Sixth Stocktaking Report* (2013).

[14] Uganda, *HIV and AIDS Country Progress Report, 2013.*

[15] Option B+ refers to lifelong antiretroviral treatment offered to pregnant and breastfeeding women living with HIV.

[16] PCR positivity rate is based on the first HIV test for children (6–8 weeks after birth) born to mothers living with HIV.

[17] UDHS 2011.

[18] Ibid.

[19] Ibid.

[20] Ibid.

[21] Ibid.

[22] Education Management Information System, 2014.

[23] Uganda, UNICEF, ERIKS, Save the Children, UNHCR, Stromme Foundation, *Out of School Children Study in Uganda* (March 2014).

9. Violence against children remains a key child protection concern in Uganda. Studies show that about 40 per cent of children report experiencing violence at home, and 32 per cent at school.[24] In 2011, 49 per cent of women aged 20-49 years reported getting married before the age of 18 years, and 15 per cent reported being married by the age of 15 years.[25] At 24 per cent, the teenage pregnancy rate[26] is among the highest in Africa. Although female genital mutilation/cutting is practised among only 1.4 per cent[27] of the female population in Uganda, it affects over 90 per cent of women in the practising communities.

10. Approximately, 2.4 million children are engaged in exploitative labour — 1.7 million below 14 years of age.[28] Children with disabilities represent approximately 13 per cent of the child population and are among the most disadvantaged groups in society. Gaps in the child protection system include weak preventive and protective measures and very limited capacity to effectively protect children.

11. Only 30 per cent of children are registered at birth.[29] Between July 2013 and July 2014, 580,403 children under the age of five were registered using the Mobile Vital Registration System, contributing to an estimated increase of birth registration for children under five from 42.1 per cent to 53.5 per cent.

12. Since the outbreak of violence in South Sudan in December 2013, more than 125,000 refugees have arrived in Uganda, bringing the total number of refugees to over 400,000 as of December 2014. In addition, rapid onset disasters, including floods, landslides and disease outbreaks, continue to affect the Eastern, Northern and Western parts of the country and pose a national challenge. The country is also responding to child survival and development challenges in the Karamoja subregion, which is particularly vulnerable to climatic and conflict-related shocks.

13. The following considerations and lessons[30] from the previous programme of cooperation informed the design of the 2016-2020 country programme:

(a) Decentralization. Service delivery in Uganda is largely decentralized. Existing capacity gaps and quality issues have been exacerbated further by the increase in the number of districts from 44 districts in 1997, when the Local Governments Act (LGA) was enacted, to 112 in 2013;

(b) Government capacity. While Government capacity is relatively strong in policy and planning, it is less so in implementation. This creates a rationale for UNICEF to continue policy engagement and strengthen use of evidence-based advocacy for increased investment in children, while providing targeted technical support to address implementation bottlenecks using innovative approaches;

(c) Learning from the past. Countrywide, conventional approaches to addressing vulnerability were found to be inadequate in breaking the cycle of

[24] Walakira E., and Nyanzi D., "Violence against Children in Uganda: A Decade of Research and Practice 2002-2012".
[25] UDHS 2011.
[26] UDHS 2011.
[27] Ibid.
[28] Uganda Bureau of Statistics Survey, 2013.
[29] UDHS 2011.
[30] From the 2012 midterm review of the country programme.

dependency on humanitarian support. UNICEF will continue to invest in strengthening local capacity to integrate resilience in all programmes.

Programme priorities and partnerships

14. The Government of Uganda and the United Nations Country Team have agreed to adopt the Delivering as One modality in Uganda. The country programme will contribute to the Human Capital and Governance pillars of the United Nations Development Assistance Framework, 2016-2020, with the goal of supporting the second National Development Plan to progressively realize children's rights within the framework of the Convention on the Rights of the Child and other international commitments. To achieve this goal, the country programme will use a mix of strategies, including:

(a) evidence-based advocacy and technical support to promote rights-based, equity-focused policies, laws and budgets for children;

(b) capacity development to strengthen national institutions and systems with a view to improving the coverage, quality and sustainability of basic services, with a focus on marginalized and disadvantaged children;

(c) evidence-based communication to promote social and behavioural change to support the realization of child rights;

(d) strengthening of national capacity in monitoring and evaluation, including decentralized evidence-based planning and monitoring, and the tracking and mapping of child poverty and disparities;

(e) strategic partnerships for children, including with Parliamentarians, academia, faith-based and civil society organizations;

(f) promotion of child and youth participation in decision-making processes that affect their lives;

(g) promotion of innovations, including those based on mobile information and communication technology to increase the effectiveness and efficiency of programme results.

15. The life cycle approach will be used to ensure that children's needs are addressed at each stage of their development. The cross-sectoral areas of **early childhood development and adolescent development and participation** will be strengthened, with a focus on adolescent girls. Evidence-based advocacy and technical support will be used to increase access to quality integrated early childhood development services for the most vulnerable and disadvantaged children.

16. The country programme will ensure the mainstreaming of risk-informed **emergency preparedness and response** in all UNICEF-supported programme areas, in line with the Core Commitments for Children in Humanitarian Action. UNICEF will support inclusive, environmentally sustainable, country-led resilience programming. **Peacebuilding and conflict prevention** skills development will be integrated into the basic education and adolescent development programme.

17. The country programme will comprise three sectoral components, described below.

Child survival and development: *Keeping children alive and thriving*

18. UNICEF aims to contribute to the health sector development goals as articulated in the Uganda second National Development Plan 2016-2020 and the United Nations Development Assistance Framework (UNDAF) result to strengthen national capacity to deliver improved health and nutrition outcomes for children, adolescents, pregnant women and other vulnerable groups and contribute to sustained improvements in population dynamics. The programme will be implemented in the following four strategic areas:

(a) Reproductive, maternal, neonatal and child health;

(b) HIV and AIDS and adolescent health;

(c) Nutrition;

(d) Water, sanitation and hygiene (WASH).

Reproductive, maternal, neonatal and child health (RMNCH)

19. This component will focus on supporting implementation of Committing to Child Survival: A Promise Renewed and other mortality reduction initiatives as defined in the RMNCH Sharpened Plan of the Government (2014-2017). The programme will contribute to improvements in coverage, quality and sustainability of proven high-impact maternal, neonatal and child health interventions, focusing on integrated approaches over the continuum of care, from pre-pregnancy to childhood. The programme will prioritize support for the following areas: application of national standards for newborn care and service delivery in health facilities; development, evaluation and scaling-up of proven models for community-based newborn care linked to improved facility-based services; institutionalization of training tools for the management of neonatal and childhood illness;[31] adaptation and rollout of the WHO/UNICEF Care for Child Development training package to equip health workers and caregivers with the competencies needed for cognitive stimulation and social support to young children; innovative and evidence-based advocacy to leverage resources to extend coverage of Integrated Community Case Management countrywide; revision and rollout of the national Community Health Worker strategy; and the Expanded Programme on Immunization to sustain recent gains and reach the unreached. The programme will support the implementation of a nationwide decentralized planning and real-time monitoring system linked to existing mobile technologies, such as the award-winning U-report.[32]

HIV and AIDS and adolescent health

20. This component will work within the framework of the Joint United Nations Programme on HIV/AIDS and in collaboration with other partners to strengthen the capacity of national institutions in the implementation of a comprehensive HIV and AIDS response, including maternal and paediatric interventions to support elimination of vertical transmission of HIV, adolescent programmes, and paediatric tuberculosis diagnosis and treatment for HIV-associated tuberculosis in children. To

[31] Integrated Management of Neonatal and Childhood Illness.

[32] U-report is an SMS-based platform that enables citizens to report on issues affecting their lives and communities as well as to obtain real-time information and feedback on new initiatives or campaigns.

address programming gaps in adolescent health, including gaps in the national response to HIV and AIDS prevention, care and treatment, the programme will strengthen evidence-based advocacy, provide technical support to mainstream adolescent health services and promote comprehensive school health services and the use of existing UNICEF-supported innovation platforms of e-health.

Nutrition

21. This component aims to increase the coverage, quality, utilization and sustainability of proven high-impact child nutrition interventions, and to influence the scale-up of nutrition-sensitive interventions, with a focus on the first 1,000 days of life of a child. To achieve this, UNICEF will work with partners to strengthen the national capacity to plan, coordinate, implement and monitor the Uganda Nutrition Action Plan (2010-2015), which is consistent with the country commitment to the Scaling Up Nutrition movement.

Water, sanitation and hygiene promotion

22. This component aims to increase access to sanitation by scaling up Community-Led Total Sanitation; ensure sustainable rural WASH services in underserved areas, including of water and sanitation facilities in schools and health centres, with a focus on strengthening district capacity to ensure adequate WASH provision and maintenance; strengthen national capacity in community resilience-building and emergency preparedness and response; and strengthen local government capacity for monitoring and reporting. The programme will promote public-private partnerships to scale up improved sanitation technologies.

Basic education and adolescent development: *Keeping children learning*

23. To improve learning and skills development in the country, UNICEF will contribute to national priorities as articulated in Uganda second National Development Plan (2016-2020) and the UNDAF result in ensuring an effective, efficient and well-resourced formal and non-formal quality education system that is accessible, inclusive and relevant. This programme will be implemented in three strategic areas:

(a) Early childhood development (ECD);

(b) Quality of basic education;

(c) Adolescent development, with a special focus on adolescent girls.

Early childhood development

24. This component aims to increase access and coverage of integrated ECD services that meet national standards, focusing on the most disadvantaged groups. UNICEF will support national capacity to create an enabling policy environment, support intersectoral coordination at all levels and planning and monitoring, promote community-based ECD interventions, including evidence-based communication strategies to improve parenting skills.

Quality of basic education

25. Guided by national Basic Requirements and Minimum Standards,[33] and with UNICEF support, this component aims to enhance teacher effectiveness, strengthen school management, assessment and monitoring of learning outcomes, address issues of violence in schools, promote peacebuilding and conflict-sensitive education, and address cultural and social attitudes that are not conducive to inclusive, quality, conflict-sensitive learning. Learning opportunities for children with disabilities will be created using innovative and proven inclusive education approaches.

Adolescent development

26. This component will support the development and implementation of an evidence-based national programme for the empowerment of adolescent girls by improving their completion of primary education and transition to secondary school; increasing their access to and utilization of adolescent-responsive prevention services in health, and HIV and AIDS prevention, care and treatment services; protecting them from violence and harmful traditional practices such as child marriage; and equipping them with vital information and life-skills information that is gender sensitive in order to reduce their vulnerability to HIV and AIDS, teenage pregnancy, substance abuse and violence.

Child protection: *Keeping children safe*

27. UNICEF will contribute to national priorities and to UNDAF results to establish a comprehensive and functional national and subnational system aiming to prevent gender-based violence and violence against children and deliver quality and equitable response services to survivors and victims. The programme will be implemented in three strategic areas:

(a) Child protection system;

(b) Justice for children;

(c) Birth registration.

Child protection system

28. UNICEF will support: the development of a national child protection policy and planning framework to guide and harmonize actions related to the amended Child Act; development of national standards and guidelines for prevention, early intervention and case management; development and evaluation of costed models of effective community-based prevention and response systems; consolidation and expansion of Child Helpline to become the main system for identification and referral of cases of victims of violence; development of an evidence-based national communication strategy to address social norms that uphold harmful practices; implementation of a structured approach to capacity development of the social welfare workforce; and development of a Management Information System on violence against children.

[33] The approach is based on the core tenets of Child-Friendly Schools.

Justice for children

29. This component will build on the results achieved in mainstreaming justice for children into the national agenda of the Justice, Law and Order sector to promote access to child- and gender-sensitive equitable and rights-based justice services. UNICEF will support strengthening the capacity of the sector's institutions and work with them to standardize systems for child-friendly legal aid for children in contact with the law, and advocate with the Government of Uganda for ratification and implementation of international laws and treaties.

Birth registration

30. This component will support the Uganda Registration Service Bureau to develop and implement a comprehensive Birth and Death Registration Policy that will provide the necessary framework for universal, continuous and free birth registration of all children.

Cross-sectoral programme

31. This programme will be implemented in the following strategic areas:

(a) Social policy and advocacy;

(b) Strategic communication and partnerships;

(c) Coordination, planning, and monitoring.

Social policy and advocacy

32. This component will promote equity-sensitive and child-friendly policies, programmes and budget allocations based on evidence and strengthened oversight. UNICEF will contribute to ensuring that national policies and interventions for children promote equity, have a sound empirical base and are in compliance with the Convention on the Rights of the Child. UNICEF will advocate for and provide technical support to ensure that the national social protection framework and programme plans of interventions are child- HIV- and gender- sensitive and address child poverty and vulnerability. Through child poverty mapping and equity analysis, the programme will advocate for the poorest and most vulnerable children and adolescents to be reached by social services such as nutrition and ECD programmes.

Strategic communication and partnerships

33. This component aims to promote the use of innovative and participatory approaches and partnerships to increase public awareness and understanding of child rights in Uganda; create a social movement to position children at the centre of the national development agenda; and promote positive individual behaviour and social change. The approaches include public advocacy, civic engagement, communication for development and developing and strengthening private sector partnerships.

Coordination, planning and monitoring

34. This component will focus on providing oversight and ensuring effective planning, management, implementation and monitoring of the country programme. The country programme will be coordinated as part of the UNDAF by the Ministry

of Finance and will be implemented in cooperation with the Government of Uganda and other national and international development partners.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Child survival and development	46 036	108 050	154 086
Basic education and adolescent development	19 088	50 966	70 054
Child protection	14 597	22 425	37 022
Cross-sectoral[34]	32 563	22 424	54 987
Total	**112 284**	**203 865**	**316 149**

Programme and risk management

35. This CPD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

36. In coordination with the Government, UNICEF will work with other major partners including United Nations agencies, guided by the UNDAF: bilateral and multilateral development partners; international and national non-governmental organizations; faith-based organizations and civil society organizations; human rights groups and youth associations; media; the private sector; and other national and subnational communication forums for raising awareness on child rights.

37. UNICEF will continue to strengthen procedures to manage and mitigate risks in the programme environment. Management of the harmonized approach to cash transfers will be strengthened as a way to respond to major risks in programme implementation. The capacity of technical staff will be enhanced to strengthen accountability for results. Zonal offices will facilitate engagement with a range of Government and non-governmental partners, share timely information on risks and opportunities, and provide technical and management support to Government counterparts.

Monitoring and evaluation

38. Progress toward the country programme results will be monitored using the indicators contained in the Results and Resources Framework (see annex), based upon the UNDAF results matrix and the Integrated Monitoring and Evaluation Plan. Regular reviews will be conducted to assess progress made and to take corrective measures, as appropriate. Independent programme evaluations will be co-managed

[34] The cross-sectoral component includes: social policy and advocacy, strategic communication and partnerships; and coordination, planning and monitoring.

with relevant Government departments following United Nations evaluation norms and standards and guidelines of the Development Assistance Committee (Organisation for Economic Co-operation and Development). UNICEF will work with other agencies to strengthen the capacity of national institutions in monitoring progress toward national and international goals and to track inequities. Programme performance monitoring using the UNICEF Monitoring Results for Equity System will be emphasized in the relevant sectors.

Annex

Results and resources framework

Uganda-UNICEF country programme of cooperation, 2016-2020

(See list of acronyms at end of annex.)

Convention on the Rights of the Child: Rights to survival and health (articles 6 (2), 24 and 25); to education (articles 28 and 29) to special protection, to a family environment, to alternative care; to identity – birth registration; to not be subjected to torture or other cruel, inhuman or degrading treatment or punishment, including corporal punishment; to participation; to information (articles 4, 11, 13–22, 32–41).

National priorities: Uganda Vision 2040; National Development Plan 2016–2020, Priority 7, entitled Human Capital Development; Priority 8, entitled Competitiveness (Governance); and Sector Development Plans: Reproductive, Maternal, Newborn and Child Health Sharpened Plan; National Nutrition Plan; National Strategic Plan for HIV and AIDS, Sector Plan for WASH; Health Sector Development Plan; Education Sector Development Plan.

Sustainable Development Goals: Goal 1. End poverty in all its forms everywhere; Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture; Goal 3. Ensure healthy lives and promote well-being for all at all ages; Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all; Goal 5. Achieve gender equality and empower all women and girls; Goal 6. Ensure availability and sustainable management of water and sanitation for all; Goal 10. Reduce inequality within and among countries; Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable; Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.

UNDAF outcomes involving UNICEF:

Outcome 1.1. Rule of Law and Constitutional Democracy. By end-2020, rule of law, separation of powers and constitutional democracy are entrenched in Uganda and all individuals are treated equally under the law and have equitable access to justice; Outcome 1.2. Human Rights and Gender Equality. By end 2020, gender equality and human rights of all people in Uganda are promoted, protected and fulfilled; Outcome 1.3. Institutional Development. Transparency and Accountability. By end 2020, targeted public institutions and public–private partnerships are fully functional at all levels, inclusive, resourced, performance-oriented, innovative and evidence-seeking supported by a strategic evaluation function; and with Uganda's citizenry enforcing a culture of mutual accountability, transparency and integrity; Outcome 1.4. Peace, Security and Resilience. By end 2020, a resilient Uganda enjoys sustained peace and security and is free of all forms of discrimination and violence; Outcome 2.1. Learning and Skills Development. An effective and efficient well-resourced formal and non-formal quality education system that is accessible, inclusive, relevant, appropriate, equitable, and produces knowledgeable, highly skilled, competitive and innovative graduates relevant to the job market demand and emerging national development needs; Outcome 2.2: Health. Strengthened national capacity to deliver improved health and nutrition outcomes for children, adolescents, pregnant women and other vulnerable groups and contribute to sustained improvements in population dynamics; Outcome 2.3. Social Protection. By end 2020, a Government-led comprehensive social protection system that is well coordinated, sustainably financed, targeted, HIV and AIDS- gender- and child-sensitive reducing exclusion and discrimination, as well as promoting empowerment and resilience of the vulnerable populations; Outcome 2.4. Gender-based Violence (GBV) and Violence Against Children. By end 2020, a comprehensive and functional national and subnational system that prevents GBV and violence against children and delivers quality and equitable response services to survivors and

victims; Outcome 2.5. HIV and AIDS Response. By end 2020, a multi-sectoral HIV and AIDS response that is gender-responsive, well-coordinated, effective, efficient and sustainably financed to reduce socio-economic impact.

Outcome indicators measuring change that includes UNICEF contribution. Outcome indicators are taken from UNDAF outcome indicators (see matrix below).

Related outcomes of the UNICEF Strategic Plan, 2014-2017: The country programme will contribute to all seven outcomes of the UNICEF Strategic Plan:

Outcome 1. Health. Improved and equitable use of high-impact maternal, newborn and child health interventions from pregnancy to adolescence and promotion of healthy behaviours; Outcome 2. HIV and AIDS. Improved and equitable use of proven HIV prevention and treatment interventions by children, pregnant women and adolescents; Outcome 3. Water, sanitation and hygiene. Improved and equitable use of safe drinking water, sanitation and healthy environments, and improved hygiene practices; Outcome 4. Nutrition. Improved and equitable use of nutritional support and improved nutrition and care practices; Outcome 5. Education. Improved learning outcomes and equitable and inclusive education; Outcome 6. Child protection. Improved and equitable prevention of and response to violence, abuse, exploitation and neglect of children; Outcome 7. Improved policy environment and systems for disadvantaged and excluded children, guided by improved knowledge and data.

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)*	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome *(in thousands of United States dollars)*		
					RR	OR	TOTAL
1. Strengthened national capacity to deliver improved health and nutrition outcomes for children, adolescents, pregnant women and other vulnerable groups and contribute to sustained improvements in population dynamics	Proportion of women attending 4+ antenatal care visits (disaggregated by maternal age and gestational stage/trimester) **B:** 39% **T:** 90%	UDHS/HMIS	*Reproductive, maternal, newborn and child health* **Output 1.1.** By 2020, strengthened national capacity to scale up and sustain the provision of quality high-impact maternal, neonatal, child and adolescent health interventions, focusing on integrated and innovative approaches to reach the unreached.	Ministry of Health UN Bilateral and Multilateral Bilateral and Multilateral Development Partners Non-Governmental Organizations Faith-based Organizations	**46 036**	**108 050**	**154 086**
	Proportion of births attended by skilled health personnel **B:** 58% **T:** 70%	UDHS/HMIS					
	Proportion of mothers and babies receiving postnatal check-ups within 6 hours **B:** 33% (mothers); 11% (babies) **T:** 70% (mothers); 70% (babies)	UDHS/HMIS					
	Proportion of severe neonatal infections managed according to national standards **B:** n/a **T:** 80% (by region/district)	UDHS/HMIS					

* For all indicators, where possible, data will be disaggregated by region and district, thus allowing the tracking of disparities.

	Baseline to be collected as part of the Service Availability and Readiness Assessment (SARA)						
	Proportion of newborn asphyxia managed according to national standards. **B: n/a T: 80%**	UDHS/HMIS Indicator to be included in 2015 HMIS					
	Proportion of children aged 12–23 months immunized with DPT3 **B: 93% T: 95%**	UDHS/HMIS					
	Percentage of children aged 12–23 months who are fully immunized **B: 52% T: 80%**	UDHS/HMIS					
	Proportion of children under age 1 immunized against measles **B: 86.5% T: 90%**	UDHS/HMIS					
	Proportion of children under 5 with fever treated with artemisinin combination therapy (ACT) **B: 58% T: 80%**	UDHS/HMIS					
	Proportion of pregnant women living with HIV who receive antiretroviral therapy (ART) to reduce new HIV	UDHS/HMIS	*HIV and AIDS* **Output 1.2.** By 2020, national capacity	Uganda Aids Commission Ministry of			

	infections in children and keep mothers alive **B:** 75% **T:** 95%		strengthened to improve quality, access and utilization of prevention of vertical transmission of HIV (preventing new infections in children and keeping mothers alive), paediatric, maternal and adolescent AIDS and TB care and treatment services.	Health Ministry of Education and Sports Bilateral and Multi-lateral Development Partner			
	Proportion of children born to women living with HIV tested for HIV within 6–8 weeks of birth, by sex **B:** 37% **T:** 80%	UDHS/HMIS					
	Proportion of adolescents and children living with HIV who need ART that are on ART (disaggregated for under two years, 10–19 and 0–14 years) **B**: <2 years 36% Age 0–14 years 28% Age 10–19 years 38% **T**: 90% across all age groups	UDHS/HMIS					
	Proportion and number of adolescent girls and boys (15–19 years old) who have been tested for HIV **B:** Number: 90,394; Proportion: 74% **T:** Number: 109,936; Proportion: 90%.	UDHS/MIS					
	Proportion of children exclusively breastfed **B:** 0–1 months: 82% 2–3 months: 69%	UDHS/HMIS	*Nutrition* **Output 1.3.** By 2020, multi-sectoral coordination and				

	4–5 months: 41% 0–5 months: 63% **T:** 80%		technical and functional capacity of partners strengthened to scale up and sustain high-impact child nutrition interventions, with a focus on the first 1,000 days of life, to reduce stunting and other forms of malnutrition.				
	Proportion of children aged 6–23 months receiving minimum acceptable diet **B**: 5.7% **T:** 40%; Proportion of children exclusively breastfed **B:** 0–1 months: 82%; 2–3 months: 69%; 4–5 months: 41%; 0–5 months: 63%. **T:** 80%	UDHS/HMIS		Office of the Prime Minister Ministry of Health Ministry of Education and Sports Ministry of Water and Environment Bilateral and Multi-lateral Development Partner			
	Proportion of children aged 6–59 months covered with 2 doses of vitamin A supplements **B:** 57% **T:** 90%	UDHS/HMIS					
	Proportion of people in rural settings with access to an improved drinking water source within 1 km **B**: 64% **T:** 79%	SPR/UDHS	*WASH* **Output 1.4.** By end-2020, sustained improvement of access to and use of safe drinking water and improved sanitation and personal and environmental hygiene practices, including in schools and with particular attention to girls.	Ministry of Water and Environment Ministry of Health Ministry of Education and Sports Ministry of Local Government Faith-based			
	Proportion of people in rural settings with access to improved sanitation **B:** 17.4% **T:** 40%	SPR/UDHS					
	Proportion of people hand-washing with soap	SPR/UDHS					

	B: 32.8% **T:** 60% Pupil to latrine/toilet stance ratio in primary schools **B:** 70:1 **T:** 40:1			Organizations NGOs Bilateral and Multi-lateral Development Partner Private Sector	**19 088**		
2. By 2020, an effective and efficient well-resourced formal and non-formal quality education system that is inclusive, relevant and accessible to all boys and girls with increased school retention, completion and achievement rates.	Proportion of children aged 3–5 years enrolled in pre-primary education programmes. **B:** 23 4% (total); 22.5% (boys); 24.4% (girls) **T:** 50% (total); 50% (boys); 50% (girls)	UDHS/EMIS	*Early childhood development (ECD)* **Output 2.1.** By 2020, strengthened national capacity to coordinate, manage and scale up quality integrated early childhood care and development programmes, with a focus on the most deprived and vulnerable children.	Ministry of Education and Sports Ministry of Health Ministry of Gender, Labour and Social Development Ministry of Local Government Office of the Prime Minister UN Bilateral and Multi-lateral Development Partners Non-Governmental Organizations Faith-based		**50 966**	**70 054**
	Proportion of girls and boys aged 0–5 years accessing quality integrated ECD services through home- and community-based programmes that adhere to established norms and standards (National Early Learning Development Standards [NELDS]) **B:** 0–2 years: no data (baseline study to be conducted in 2015) **T:** 15%						

				Organizations			
	Retention rate at final year of primary school **B:** 32.1% (total); 32.3% (boys); 31.9% (girls); **T:** 50% (total); 50% (boys); 50% (girls)	EMIS	*Quality education* Output 2.2 By end-2020, enhanced national capacity to increase equitable access, quality and sustainability of primary education that is inclusive and innovative to impart relevant knowledge and skills	Ministry of Education and Sports Local Governments Bilateral and Multi-lateral Development Partner Non-Governmental Organizations			
	Learning outcomes at Primary 3 and Primary 6, in literacy and numeracy. P3 Literacy: **B:** 56.21%; **T**:67% P3 Numeracy: **B:** 69.8%; **T**: 75% P6 Literacy: **B:** 40.1%; **T:** 75% P6 Numeracy: **B:** 41.4%; **T:** 56% Number of children who are out of school: **B:** 663,000	EMIS					
	Proportion of adolescent girls and boys aged 15–19 years with the correct knowledge of HIV transmission Girls: **B:** 36% **T:** 80% Boys: **B:** 35% **T:** 80%	Surveys (endline)	*Adolescent development* **Output 2.3.** By 2020, improved access of adolescents to information, life skills and essential services to reduce their vulnerability to HIV, teenage	Ministry of Education and Sports Ministry of Health Ministry of Gender Labour			

3. A comprehensive and functional national and subnational system that prevents gender-based violence and violence against children and delivers quality and equitable response services to survivors and victims.	Proportion of girls aged 15–19 who have started childbearing **B:** 24% **T:** 14%	UDHS	pregnancy and violence.	and Social Development Justice, Law and Order Sectors Local Governments Non-Government Organizations Faith-based organizations			
	Proportion of women aged 20–24 years married by age 18 **B:** 39.7% (DHS 2011) **T:** 5%	UDHS					
	Proportion of girls aged 15–19 who have experienced sexual violence **B:** 18.9% **T:** 5% reduction per year	UDHS	*Child protection system* **Output 3.1.** By 2020, an integrated national child protection system that prevents and responds to violence, exploitation, abuse, discrimination and neglect and ensures the care of vulnerable children.	Ministry of Gender, Labor and Social Development Justice, Law and Order Sectors Uganda Police Force UN Local Governments Non-Government Organizations Faith-based organizations Bilateral and Multi-lateral	**14 597**	**22 425**	**37 022**

				Development Partner			
	Percentage of children in detention per 100,000 child population **B:** 41% (2013/14) **T:** 75%	JLOS Annual report JLOS APRensus 2014 UDHS	*Justice for children* **Output 3.2.** By 2020, a child-friendly and responsive justice system which (as an integral part of the child protection system) effectively and efficiently protects and serves all children, and operates in the best interest of children.	Justice, Law and Order Sectors Uganda Police Force			
	Proportion of boys and girls under 5 years of age whose births are registered and who have birth certificates **B:** 17% (2011) **T:** 80%	Census 2014 UDHS/Ministry of Finance sector reports	*Birth registration* **Output 3.3.** A comprehensive Birth and Death Registration system that will provide the necessary framework for the universal, continuous and free of charge birth registration of all children in Uganda.	Uganda Registration Service Bureau Local Government Ministry of Justice and Constitutional Affairs European Union/bilateral and multilateral development partners Non-Government Organizations Faith-based organizations			

4a. By 2020, improved equity-sensitive and child-friendly policies, programmes and budget allocations based on high-quality evidence and strengthened oversight.	Proportion of households receiving social assistance **B:** 4.5% **T:** 6%	UHS, KAP survey, sector annual reports, digital platforms (U-report; mTrac) Gender Labour and Social Development Report Social Protection Sector Review Report	*Evidence, budget, policy and institutional analyses* **Output 4a.i.** By 2020, Strengthened national capacity to provide robust and credible evidence, budget, policy and institutional analyses for children, focusing on reducing disparities and promoting social inclusion. *Child-sensitive and inclusive social protection* **Output 4a.ii.** By 2020, strengthened capacity to develop a child-sensitive and inclusive social protection policy framework and action plan to provide a comprehensive vision and commitment to the progressive realization of universal coverage of social protection. *Child rights governance* **Output 4a.iii.** By 2020, an enabling environment for child rights governance that includes building the capacity of national institutions and civil society to advocate	Ministry of Gender, Labour and Social Development Ministry of Finance, Planning and Economic Development National Planning Authority Uganda Bureau of Statistics National Council for Children Uganda Parliamentary Forum for Children Parliament Makerere University Economic Policy Research Center Media child/human rights	**8983**	**4077**	**13060**

			for children and advance child rights, while creatively designing avenues for children to participate in national policy discussions.	organizations Bilateral and Multi-lateral Development Partner UN agencies Private Sector			
4b. By 2020, a mass movement is generated to drive public action that accelerates the realization of the fundamental rights of children in Uganda, especially of the poorest and most deprived.	% of key stakeholders (citizens, corporations, CSOs, government entities) reached and engaged in taking action for Public Advocacy, Communication for Development and promote private sector partnerships as part of the *#InvestInUGchildren* campaign **B:**tbd **T:**		**Output 4b.i.** By 2020, public outreach and engagement to mobilize public advocacy for child rights is heightened through partnerships with traditional and new media. **Output 4b.ii.** By 2020, national capacity is strengthened to implement evidence-based and well-coordinated communication strategies to protect child rights through positive behaviour and social change. **Output 4b.iii.** By 2020, civil society is strengthened and coordinated to engage citizens including children to report on child rights violations and advocate for the protection of children's rights. **Output 4b.iv.** By end		**10 106**	**4 077**	**14 183**

			2020, Knowledge and capacity of companies to adopt the Child Rights and Business Principles are increased to better protect and promote child rights.				
Coordination, Planning, and Monitoring					**13 474**	**14 270**	**27 744**
Total resources					**112 284**	**203 865**	**316 149**

List of Acronyms

CSOs	Civil society organizations
DPs	Bilateral and Multilateral Bilateral and Multi-lateral Development Partners
ECD	Early Childhood Development
Edutrac	EduTrac is a mobile phone-based data collection system for the education sector
EMIS	Education Management Information System
FGM/C	Female Genital Mutilation/Cutting
HACT	Harmonized Approach to Cash Transfers
HMIS	Health Management Information System
IPA	Innovations for Poverty Actions
JLOS	Justice, Law and Order Sectors
KAP	Knowledge, attitude and practice (survey)
LGs	Local governments
MDGs	Millennium Development Goals
MoES	Ministry of Education and Sports
MoH	Ministry of Health

MoJCA	Ministry of Justice and Constitutional Affairs
MoFPED	Ministry of Finance, Planning and Economic Development
MoGLSD	Ministry of Gender, Labour and Social Development
MoLG	Ministry of Local Government
MoWE	Ministry of Water and Environment
Mtrac	Mtrac is a mobile phone-based data collection system for the health sector
NELDS	National Early Learning and Development Standards
NPA	National Planning Authority
NCC	National Council for Children
NHW/SNV	National Hand Washing Campaign Secretariat
NGOs	Non-governmental organizations
PCR	Polymerase Chain Reaction
RMNCH	Reproductive, maternal, newborn and child health
SPR	Sector Performance Reports
UAC	Uganda AIDS Commission
UBoS	Uganda Bureau of Statistics
UDHS	Uganda Demographic and Health Survey
UPFC	Uganda Parliamentary Forum for Children
U report	U report is an SMS-based platform that enables citizens to report on issues affecting their lives and communities as well as to obtain real-time information and feedback on new initiatives or campaigns
URSB	Uganda Registration Service Bureau
UNDAF	United Nations Development Assistance Framework
WASH	Water, sanitation and hygiene